



# TOWN OF MEDLEY 2021 ANNUAL LOBBYIST REGISTRATION

(Effective through December 31, 2021)

Please Type or Print in Ink

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mr./Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI. \_\_\_\_\_

Business/Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note:** It is the responsibility of the lobbyist to notify the Town Clerk of any changes in information or address.

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate if you are representing \_\_\_\_\_ **Not-for-Profit Agency** or \_\_\_\_\_ if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Ordinance C-393 (Please check applicable group):

- Chamber of Commerce
- Public Interest Group
- Bona Fide Community Organization
- Corporation, Partnership or other Entity

## OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Ordinance C-393 of the Town of Medley; and that I [ ] do not have or [ ] have disclosed the existence of any direct or indirect business association, partnership or financial relationship with any employee of representative of the Town.

State of \_\_\_\_\_, County of \_\_\_\_\_  
Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_  
who is personally known to me or produced identification

Type of Identification Produced \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ at Large  
My commission expires:

(Notary Seal)

\_\_\_\_\_  
Deputy Clerk

For Office Use Only:

\_\_\_\_\_  
Signature of Lobbyist

### **ETHICS TRAINING REQUIREMENT**

*Section 2-11.1(s)(2)(d) of the Miami-Dade County Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.*

### **Has Ethics Training Been Completed?**

**(Please Circle) Y / N**

**If Yes, Date of Completion**    /    /

Annual Registration Fee: **\$150.00 effective through 12/31/2021**  
Data Entry Date \_\_\_\_\_, 20\_\_\_\_

Fee Paid: [ ] Yes [ ] No [ ] Cash [ ] Check #  
Entered By \_\_\_\_\_