



## LOBBYIST REGISTRATION AFFIDAVIT

Choose One:      Renewal \_\_\_\_\_      Fiscal Year 2025-2026 \_\_\_\_\_

1. Lobbyist Name: \_\_\_\_\_

                            Last Name                      First                      Middle

Lobbyist Phone: (\_\_\_\_\_) \_\_\_\_\_

Lobbyist Address: \_\_\_\_\_

                            Street                      City                      State                      Zip

2. Principal Represented: \_\_\_\_\_

Principal Address: \_\_\_\_\_

                            Street                      City                      State                      Zip

Other Principals or Interests and Address (Detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lobbyist specifically includes principal as well as any agent, officer, or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid?      NO \_\_\_\_\_      YES \_\_\_\_\_      (Cash \_\_\_\_\_ or Check \_\_\_\_\_)

5. Please identify all Council People or Personnel to be lobbied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The subject matter in number (3) above is to be considered at which meeting? (Check all applicable)

City Council      \_\_\_\_\_

Zoning Board of Adjustment      \_\_\_\_\_

Planning Commission      \_\_\_\_\_

City Board      \_\_\_\_\_

RFP Review/Selection Committee      \_\_\_\_\_

CRA Board      \_\_\_\_\_

CRA Advisory Committee      \_\_\_\_\_

7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

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OATH

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

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Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Notary Public

My Commission Expires: \_\_\_\_\_