



CITY OF MIAMI SPRINGS ANNUAL LOBBYIST REGISTRATION FORM

Section 2-11/1 (s) Code of Miami-Dade County, Florida
Miami Springs Code of Ordinances – Chapter 33 - §33.20

LOBBYIST'S INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

(Address must be a physical address (e.g. not a P.O. Box) where the lobbyist resides or customarily does business)

LOBBYIST'S CLIENT INFORMATION (APPLICATION)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

(Address must be a physical address (e.g. not a P.O. Box))

NOTE: It is the responsibility of the lobbyist to notify the Clerk of any changes in address.

Explain the general and specific matters upon which the lobbyist intends to lobby, if known at the time of registration. If not know at time of filing, the registration must be supplemented when the matter is determined.

OATH

I do solemnly swear that all facts contained in this Annual Registration report are true and correct, and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County as amended, and Miami Springs Code of Ordinances – Chapter 33 -§33.20.

Signature of Lobbyist

Date

<p>STATE OF _____ COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this ____ day of _____, 20____, by _____ who is <input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced the following Identification: _____</p>	<p>PLEASE NOTE: On or before July 1 of each year, every Lobbyist must file an expenditure statement with the Clerk for the preceding calendar year, regardless of the level of activity of the Lobbyist, and whether or not the lobbyist has incurred any expenses during the reporting period.</p> <hr/> <p>For Office Use Only: Annual Registration Fee: \$490.00 Code: LO Registration Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check Date Received: _____</p>
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