

**CITY OF FORT LAUDERDALE
LOBBYIST REGISTRATION FORM**

Lobbyist Name (Last, First, Middle Initial): _____

Name of Business (Company Name): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Telephone No: _____

Email: _____ Fax No: _____

Nature of Lobbyist's Business, Occupation or Profession: _____

Name of Principal (Last, First, Middle Initial): _____

Business Name: _____

Business Address: _____

Nature of Business: _____

Occupation or Profession of Principal: _____

Subject matter that Lobbyist seeks to influence (describe in detail): _____

Street address of subject matter (if applicable): _____

Please state the extent of any direct business association by the Lobbyist with any current elected or appointed official or employee of the City. ("Direct business association" means any mutual endeavor undertaken for profit or compensation.): _____

Note: You must attach written authorization from said person to lobby on that person's behalf upon a particular subject matter.

I do solemnly swear that all of the foregoing facts are true and correct, and I have read or am familiar with the provisions in Article VIII of Chapter 2 of the Code of Ordinances of the City (Ordinance No. C-00-27).

Signature of Lobbyist: _____

STATE OF _____, COUNTY OF _____ : Sworn to and subscribed before me this ____ day of _____, 20__

NOTARY PUBLIC SEAL OF OFFICE

_____ Signature of Notary Public

_____ Name of Notary Public (Print/Stamp/Type)

NOTARY PUBLIC, State of _____

_____ Commission Number

Personally known to me or produced identification:

_____ (Print type of identification produced)

DID [] take an oath or DID NOT [] take an oath

PRINCIPALS - Continued:

Name of Principal (Last, First, Middle Initial): _____

Business Name: _____

Business Address: _____

Nature of Business: _____

Occupation or Profession of Principal: _____

Subject matter that Lobbyist seeks to influence (describe in detail): _____

Street address of subject matter (if applicable): _____

Name of Principal (Last, First, Middle Initial): _____

Business Name: _____

Business Address: _____

Nature of Business: _____

Occupation or Profession of Principal: _____

Subject matter that Lobbyist seeks to influence (describe in detail): _____

Street address of subject matter (if applicable): _____

Name of Principal (Last, First, Middle Initial): _____

Business Name: _____

Business Address: _____

Nature of Business: _____

Occupation or Profession of Principal: _____

Subject matter that Lobbyist seeks to influence (describe in detail): _____

Street address of subject matter (if applicable): _____

ATTACH ADDITIONAL PAGES IF NECESSARY

Please return completed form to the City Clerk's Office, 100 North Andrews Avenue, Fort Lauderdale, Florida 33301. For questions or additional information, please contact the City Clerk's Office at (954) 828-5002.