



CITY OF DORAL
OFFICE OF THE CITY CLERK
LOBBYIST REGISTRATION FORM

FEE: \$490.00 effective per calendar year

**Non-Profit Organization
Local Media**

DATE: _____ / _____ / _____

Last Name

First Name

Business / Firm Name

Address

City

State

Zip

Business Phone

E-Mail

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

Oath

I do solemnly swear that all facts contained on this Annual Lobbyist Registration Form 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 adopted by City of Doral, Res. #2007- 31.

LOBBYIST'S SIGNATURE

DATE

State of _____

County of _____

Sworn to and subscribed before me by means of ____ physical presence or ____ online notarization, this _____ day of _____, _____ by _____ who is ____ personally known to me or ____ who has produced _____ as identification.

Notary Public

(SEAL)