



**CITY OF DORAL
OFFICE OF THE CITY CLERK
LOBBYIST AUTHORIZATION FORM**

PRINCIPAL'S NAME: _____

PRINCIPAL'S CONTACT PERSON: _____

PRINCIPAL'S TRADE NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF LOBBYIST(S): _____

LOBBYIST'S ADDRESS: _____

TELEPHONE NUMBER: _____

DATE EMPLOYED: _____

If lobbyist is employed for a specific issue, please check here

SPECIFY SPECIFIC ISSUE: _____

I swear under penalty of perjury that the information on this form is true and accurate.

PRINCIPAL'S SIGNATURE

DATE

Pursuant to 2-11(s)(8) of the Miami-Dade County Code, misrepresentation on this form may subject a person to reprimand, suspension or prohibition from lobbying any member of the City Council, City personnel or City boards for a period not to exceed two years.
