



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

LOBBYIST NAME: _____

LOBBYIST ADDRESS: _____

LOBBYIST CONTACT: _____

PRINCIPAL REPRESENTED:

BUSINESS/FIRM NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **FAX:** _____

DATE REPRESENTATION ENDED: _____

SUBJECT MATTER: _____

SIGNATURE OF LOBBYIST: _____ **DATE:** _____