



Date _____

CITY OF PARKLAND
6600 UNIVERSITY DRIVE
PARKLAND, FL 33067
(954) 753-5040 FAX (954) 341-5161

LOBBYIST REGISTRATION STATEMENT

Lobbyist Information

Lobbyist Name _____

(Please print) Last First Middle

Lobbyist Address (Residence) _____

City State Zip Code

Business Name (Company/Firm) _____

Business Address _____

City: State: Zip Code Telephone Fax

Nature of Lobbyist Business, Occupation or Profession: _____

Name of Principal _____

Last First Middle

Business Name _____

Business Address _____

City State Zip Code

Subject matter that Lobbyist seeks to influence (Ordinance/Resolution etc. describe in detail) _____

Please state the extent of any business association by the lobbyist with any current elected or appointed official or employee of the City of Parkland. For the purposes of this article, the term "direct business association" shall mean any mutual endeavor undertaken for profit or compensation. _____

Note: Appropriate authorization from the group, association, or organization that the lobbyist is representing must be attached. (Applicable minutes, motion, or other documentation of action)

I understand that I am required to file, on an annual basis, a registration statement for each employer on whose behalf he or she lobbies before the city commission, board or city employee or official and to notify the City of any changes to the information contained herein.

Further, I understand that each person who withdraws as a lobbyist for a particular person shall file a notice of withdrawal as a lobbyist with the city clerk.

Annual Registration Fee of \$150.00 to be included

CERTIFICATION

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read the City of Parkland Code, Chapter 2.5 or Ordinance No. 2011-02, and that I am aware of the requirements for periodic filing and submission of other statements

Signature

The foregoing instrument was acknowledged before me this ____ day of _____ 20__
by _____, who is personally known to me or has produced _____
(type of identification) and appeared by means of physical presence or online notarization (please circle one).

NOTARY’S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Ackowledger Typed, Printed or Stamped)