



# TOWN OF MEDLEY

## 2026 ANNUAL LOBBYIST REGISTRATION

(Effective through December 31, 2026)

*Please Type or Print in Ink*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mr. /Ms. Last Name

First Name

MI.

Business/Firm Name

Address

City

State

Zip

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

Business Phone

Fax

E-Mail

Please indicate if you are representing \_\_\_\_\_ **Not-for-Profit Agency** or \_\_\_\_\_ if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Ordinance C-393 (Please check applicable group):

**Chamber of Commerce**    **Public Interest Group**    **Bona Fide Community Organization**  
 **Corporation, Partnership or other Entity**

### **OATH**

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Ordinance C-393 of the Town of Medley; and that I [ ] do not have or [ ] have disclosed the existence of any direct or indirect business association, partnership or financial relationship with any employee or representative of the Town.

State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Lobbyist

Sworn to and subscribed before me by means  
of  physical presence or  online notarization  
this \_\_\_\_\_ day of, 20\_\_\_\_\_. By \_\_\_\_\_  
who is personally known to me or produced  
identification

Type of Identification Produced \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ at Large  
My commission expires:

(Notary Seal)

### **ETHICS TRAINING REQUIREMENT**

**Section 2-11.1(s)(2)(d) of the Miami-Dade County Code  
requires each lobbyist to take an ethics course approved  
by the Ethics Commission and submit a certificate of  
completion to the Clerk of the Board within 60 days after  
registration.**

**Has Ethics Training Been Completed?**

**(Please Circle)   Y / N**

**If Yes, Date of Completion   /   /**

For Office Use Only:

Annual Registration Fee: \$150.00 effective through 12/31/2026  
Data Entry Date \_\_\_\_\_

Fee Paid: [ ] Yes [ ] No [ ] Cash [ ] Check #  
Entered By \_\_\_\_\_