

**CITY OF POMPANO BEACH  
LOBBYIST REGISTRATION FORM**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

**Before me, the undersigned authority, personally appeared the undersigned Affiant, who after being duly sworn, deposed on oath and said:**

My Name is (Last, First, Middle Initial): \_\_\_\_\_

Name of my Business is (Company Name): City of Pompano Beach \_\_\_\_\_

My Business Address is: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Nature of my Business, Occupation or Profession: \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Name of my Principal is (Last, First, Middle Initial): \_\_\_\_\_

My Principal's Business Name is: \_\_\_\_\_

My Principal's Business Address is: \_\_\_\_\_

Nature of my Principal's Business: \_\_\_\_\_

My Principal's Occupation or Profession is: \_\_\_\_\_

(Please list additional Principals on Page 2)

Subject matter that I seek to influence (describe in detail): \_\_\_\_\_

\_\_\_\_\_

Street address of subject matter is (if applicable): \_\_\_\_\_

\_\_\_\_\_

The extent of any direct business association that I have with any current elected or appointed official or employee of the City is: ("Direct business association," means any mutual endeavor undertaken for profit or compensation.) \_\_\_\_\_

\_\_\_\_\_

**Note: You must attach a copy of written authorization from said principal(s) to lobby on that person's behalf.**

I do solemnly swear that all of the foregoing facts are true and correct to the best of my knowledge, and I have read or am familiar with the provisions of City Ordinance §34.400 through §34.405.

**Signature of Lobbyist:** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ by \_\_\_\_\_, who is personally known to me  
or who has produced \_\_\_\_\_ (type of identification).

NOTARY'S SEAL:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Acknowledger Typed, Printed or Stamped)

\_\_\_\_\_  
Commission Number

**PRINCIPALS - Continued:**

Name of my Principal (Last, First, Middle Initial): \_\_\_\_\_  
My Principal's Business Name is: \_\_\_\_\_  
My Principal's Business Address is: \_\_\_\_\_  
Nature of my Principal's Business: \_\_\_\_\_  
My Principal's Occupation or Profession is: \_\_\_\_\_  
Subject matter that I seek to influence (describe in detail): \_\_\_\_\_  
\_\_\_\_\_

Street address of subject matter is (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Name of my Principal (Last, First, Middle Initial): \_\_\_\_\_  
My Principal's Business Name is: \_\_\_\_\_  
My Principal's Business Address is: \_\_\_\_\_  
Nature of my Principal's Business: \_\_\_\_\_  
My Principal's Occupation or Profession is: \_\_\_\_\_  
Subject matter that I seek to influence (describe in detail): \_\_\_\_\_  
\_\_\_\_\_

Street address of subject matter is (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Name of my Principal (Last, First, Middle Initial): \_\_\_\_\_  
My Principal's Business Name is: \_\_\_\_\_  
My Principal's Business Address is: \_\_\_\_\_  
Nature of my Principal's Business: \_\_\_\_\_  
My Principal's Occupation or Profession is: \_\_\_\_\_  
Subject matter that I seek to influence (describe in detail): \_\_\_\_\_  
\_\_\_\_\_

Street address of subject matter is (if applicable): \_\_\_\_\_

ATTACH ADDITIONAL PAGES IF NECESSARY

**Please return completed form to the City Clerk's Office, 100 West Atlantic Boulevard, Suite 253, Pompano Beach, Florida 33060. For questions or additional information, please contact Mary L. Chambers, City Clerk, at (954) 786-4611 or [Mary.Chambers@copbfl.com](mailto:Mary.Chambers@copbfl.com)**