

**CITY OF MIAMI  
NOTICE OF WITHDRAWAL/COMPLETION OF  
LOBBYIST ISSUES**

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| <b>Lobbyist Information</b>            | <p><b>Lobbyist Name:</b> _____<br/> <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> <span>Last Name</span> <span>First Name</span> <span>MI</span> </div> </p> <p><b>Business Address</b> _____<br/> <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> <span>City</span> <span>State</span> <span>Zip</span> </div> </p> <p><b>Business Phone:</b> _____</p> <p><b>E-Mail Address</b> _____</p>  |
| <b>Principal and Issue Information</b> | <p><b>Principal Represented:</b> _____</p> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> <hr/> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> <hr/> <p><b>Principal Represented:</b> _____</p> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> <hr/> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> <hr/> <p><b>Principal Represented:</b> _____</p> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> <hr/> <p><b>Issue:</b> _____<br/>         _____<br/>         _____</p> <p><input type="checkbox"/> Completed      <input type="checkbox"/> Withdrawn      Date _____</p> |
|  | <p>_____</p> <p><b>Lobbyist Signature</b> _____ <b>Date</b> _____</p>  |