



**Office of the Clerk
City of Hialeah Gardens
10001 N.W. 87th Avenue
Hialeah Gardens, Florida 33016**

NOTICE OF WITHDRAWAL OF LOBBYIST REGISTRATION

Lobbyist Information

Lobbyist Name: _____
Last First MI

Mailing Address: _____
City State Zip

Telephone: _____ Facsimile No: _____

E-mail: _____

Principal Represented

Name, address and telephone number of principal: (i.e., person, business entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed)

Business/Firm Name: _____

Mailing Address: _____
City State Zip Code

Telephone Number: _____ Facsimile No: _____

Date Representation Ended: _____

Brief description of issue and specify any city departments, offices, agencies, boards, committees or task forces in which you lobby:

Signature of Lobbyist: _____ **Date:** _____