THE TOWN OF PEMBROKE PARK
COMMISSIONER/EMPLOYEE
LOYBYST CONTACT DISCLOSURE
(Broward County Code of Ethics)

Reporting Commissioner/Employee: _____________________
Lobbyist Name: _______________________________
Lobbyist Employer: ___________________________

Name of person or entity for whom/which lobbyist is lobbying: _____________________________
Name(s) of any employer and/or principal of the lobbyist at a meeting at which lobbying activity has occurred: _____________________________

Type of meeting/contact: ___ In person ___ E-mail ___ Phone
Location of “in person” meeting: _____________________________

Date of meeting/contact: _________________
Time of meeting/contact: _________________
Description of the purpose and subject matter of the meeting/contact: ____________________

Date of Disclosure: ______________________ (Must be within 10 days of meeting/contact)

Acknowledgement of Receipt:

________________________________________  __________________________
Town Clerk                            Date