



# JOINT CONTINGENCY FEE DECLARATION

## DECLARATION OF PRINCIPAL

I, \_\_\_\_\_ as Principal of \_\_\_\_\_,  
Name of Principal (please print) Company Name (please print)

do hereby declare that I have not offered a contingency fee or success fee as defined in Section 2-11.1(s) (7) of the Miami-Dade County Code, to the below named Lobbyist.

\_\_\_\_\_  
Principal Signature

## DECLARATION OF LOBBYIST

I, \_\_\_\_\_ as a registered Lobbyist, do hereby declare that I  
Name of Lobbyist (please print)

have not agreed to accept a contingency fee or success fee as defined in Section 2-11.1(s) (7) of the Miami-Dade County Code, by the aforementioned Principal.

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

**Submit this form with your Lobbyist Activity Authorization.**

**For Office Use Only:**

Data Entry Date \_\_\_\_\_, 20\_\_\_\_. Entered By \_\_\_\_\_

1/4/2023

