

3. Please provide the name, address and phone number of the person(s) or entities to whom consideration has been provided or committed.

Name Address Phone#

a. _____

b. _____

c. _____

* Additional names can be placed on a separate page attached to this form.

4. Please describe the nature of the consideration.

5. Describe what is being requested in exchange for the consideration.

ACKNOWLEDGEMENT OF COMPLIANCE

I hereby acknowledge that it is unlawful to employ any device, scheme or artifice to circumvent the disclosure requirements of Ordinance 12918 and such circumvention shall be deemed a violation of the Ordinance; and that in addition to the criminal or civil penalties that may be imposed under the City Code, upon determination by the City Commission that the foregoing disclosure requirement was not fully and timely satisfied the following may occur:

- 1. the application or order, as applicable, shall be deemed void without further force or effect; and**
- 2. no application from any person or entity for the same issue shall be reviewed or considered by the applicable board(s) until expiration of a period of one year after the nullification of the application or order.**

PERSON SUBMITTING DISCLOSURE: _____
Signature

Print Name

Sworn to and subscribed before me this _____ day of _____, 200____. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

STATE OF FLORIDA
CITY OF MIAMI
MY COMMISSION
EXPIRES: _____

Notary

Print Name

Enclosure(s)