

BROWARD COUNTY CODE OF ETHICS DISCLOSURE FORM

Miramar Elected Official _____

OUTSIDE/CONCURRENT EMPLOYMENT
(For an Annual Period beginning ____ and ending _____)

Name of Outside or Concurrent Employer/Employment (Please include both the name of employer and position held)	Remuneration or Payment Amounts Received in Prior Year

Signature

Acknowledgement of Receipt:

City Clerk

Date