

LOBBYIST REGISTRATION FORM

(One Client Per Registration Form)

	Lobbyist Information		
	Name:		
	Mailing Address:		
	City:	State:	Zip:
	Email:	Phone:	Fax:
II.	Client/Principal Info	rmation	
	Name:		
	Business:		
	Business Address:		
	City:	State:	Zip:
	Is your client:		
	Corporation []	Partnership [] Type:
	Association []	Trust [] Name:
Cod cale	e sec. 2.191(4), I am requ	ired to file an expenditure report g expenditures involving the City	t. I understand that pursuant to City on February 1st and August 1st of each during the preceding six month period
		Signature	
		Print Name	

Date