

**Term of registration**

Registrations expire on January 31 of the next odd-numbered year after filing, except for registrations submitted on or after July 1 of an even-numbered year, which expire on January 31 of the second odd-numbered year after filing.

If any of the information contained on this form changes, a revised statement must be submitted within 30 days.

**For more information**

Metro's complete lobbyist registration requirements can be found in Chapter 2.17 of the Metro Code (see metro-region.org/library\_docs/about/chap217.pdf).

**Mail completed form to:**

Metro Government Affairs and Policy Development  
Attn: Kyle Armstrong  
600 NE Grand Ave. Portland, OR 97232-2736  
kyle.armstrong@oregonmetro.gov  
Telephone: 503-813-7529

# Lobbyist registration form

**Lobbyist contact information** (please print or type and complete entire form)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

**Client or employer information** (Complete separate sheet for each entity you represent)

Client or employer \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Trade, business, profession or area of endeavor \_\_\_\_\_

Subject(s) of legislative interest \_\_\_\_\_

**Notice of employment or business relationship** Name any member of the Metro Council who is employed by the lobbyist or the lobbyist's employer, or who is associated with the same business as the lobbyist:

\_\_\_\_\_

**Verification** I certify under penalty of false affirmation that the above information is true and correct.

Lobbyist signature \_\_\_\_\_

Date \_\_\_\_\_

**Designation** I designate the person named above to lobby on behalf of the entity named above.

Client or employer representative signature \_\_\_\_\_

Date \_\_\_\_\_

