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_____