

CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

****ALL SECTIONS HIGHLIGHTED IN YELLOW MUST BE COMPLETED FOR PROCESSING.****

1. REGISTRANT'S NAME (Only one person may register with this form) THIS SECTION IS FOR INDIVIDUALS ONLY.	2. REGISTRANT'S ID NUMBER FOR OFFICIAL USE ONLY.	
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S) () _____ () _____	
5. TYPE OF LOBBYIST (Check all applicable boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____ <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 		
6. NAME AND ADDRESS OF CLIENT(S)		
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.		
<p style="text-align: center;">PLEASE PRINT THE NAME LEGIBLY.</p> <hr/> Type or print name of registrant <hr/> Signature Subscribed and sworn to me this sworn to before me this _____ day of _____, _____ <hr/> Notary Public, Wayne County, Michigan My Commission Expires: _____		
FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION _____ Month Day Year	THIS REGISTRATION IS VALID: From _____ Month Day Year To _____ Month Day Year	Amount of fee paid: _____ Date of payment: _____

**ALL FORMS MUST
BE NOTARIZED.**