## **REGISTRATION BEFORE COUNTY COMMITTEE**

Committee Name:	Name:
DATE of Meeting: Municipality:	
Petition/CUP #/Resolution/Ordinance Amendment/Subject:	
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
	Available for Information Only
<b>1.</b> On this occasion, are you officially representing an organization or a person other than yourself? U YES NO (If you checked "NO" <u>STOP</u> ; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)	
Name, address and telephone number of each person or organization you are representing:	
<u>COMMENTS:</u>	
2. Are you being paid for your representation or ap	
	need to complete the rest of this form. If you checked "YES",
3. Are you an elected official who is appearing sole	ly on behalf of your office or for your municipality or
other governmental body?	
4. Has or will the person or organization you repres	sent spend more than \$500 on county lobbying activities
during the current reporting period? (A reporting period is January to June, or July to December.) <b>YES</b> NO	
5. Do you anticipate making more than two contact	s with the County Board supervisors other than at public
hearings or meetings?	r who represents the district in which you reside.)
if you do make more than 2 contacts at a later date, you	<b>2</b> ; you do not need to complete the rest of this form. <u>However</u> , must then contact the County Clerk's office to file a form uestion, please continue to the question below. Y <u>ou must also</u>
	erstand that if the person or organization you represent period, you must file a financial disclosure statement
(If you checked "NO" please call the County Clerk at 260 Blvd., Room 106A for more information.	6-4121 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date:	Signature:

Print Name:\_\_\_\_\_