REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	Name:	
DATE of Meeting:	Municipality:	
Petition/CUP #/Resolution/Ordina	ance Amendment/Subjec	ct:
☐ Wish to Spe	eak in Support	Wish to Speak in Opposition
☐ Wish to Regis	gister in Support	Wish to Register in Opposition
		Available for Information Only
		zation or a person other than yourself? YES NO st of the form. If you checked "YES" go to the next question.)
Name, address and telephone num	ber of each person or org	anization you are representing:
COMMENTS:		
2. Are you being paid for your re	epresentation or appear	ing incidental to your other paid duties for this
•		d to complete the rest of this form. If you checked "YES",
3. Are you an elected official wh	no is appearing solely or	n behalf of your office or for your municipality or
_		ed to complete the rest of this form. If you checked "YES",
4. Has or will the person or orga	anization you represent s	spend more than \$500 on county lobbying activities
during the current reporting peri	od? (A reporting period is	s January to June, or July to December.) \square YES \square NO
		th the County Board supervisors other than at public
		o represents the district in which you reside.)
if you do make more than 2 contact	ts at a later date, you mus	of the desired to describe the desired that the describe the need to complete the rest of this form. However, the contact the County Clerk's office to file a form on, please continue to the question below. You must also
		nd that if the person or organization you represent od, you must file a financial disclosure statement
		YES NO
(If you checked "NO" please call the Blvd., Room 106A for more information.	ation.	21 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date:	Sign	ature:
	Print	Name: