REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name:	Nam	ne:
DATE of Meeting:	Municipality:	
Petition/CUP #/Resolution/Ordi	nance Amendment/Subjec	t:
☐ Wish to S	peak in Support	Wish to Speak in Opposition
☐ Wish to Registe	egister in Support	Wish to Register in Opposition
		Available for Information Only
		tation 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 nu	ımber of each person or orga	anization you are representing:
COMMENTS:		
2. Are you being paid for your	representation or appeari	ng incidental to your other paid duties for this
_		to complete the rest of this form. If you checked "YES",
3. Are you an elected official v	who is appearing solely on	behalf of your office or for your municipality or
		d to complete the rest of this form. If you checked "YES",
4. Has or will the person or or	ganization you represent s	spend more than \$500 on county lobbying activities
during the current reporting pe	eriod? (A reporting period is	January to June, or July to December.) \square YES \square NO
•		h the County Board supervisors other than at public
		represents the district in which you reside.)
if you do make more than 2 conta	acts at a later date, you must	do not need to complete the rest of this form. <u>However</u> , then 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 Blvd., Room 106A for more inform	nation.	1 or go to the Clerk's office at 210 Martin Luther King Jr.,
Date:	Signa	ature:
	Print	Name: