## CITY OF SURREY LOBBYIST REGISTRATION FORM

Type or Print in Ink. Complete both sides. File Original with City Clerk. Check Box if an Amendment If this is an Initial Registration, enter DATE QUALIFIED as a Lobbyist: \_\_\_\_\_ FULL NAME OF LOBBYIST: BUSINESS PHONE NUMBER: ( ) BUSINESS ADDRESS: (Number and Street) MAILING ADDRESS: (If different from above) BUSINESS PHONE NUMBER: LOBBYIST'S EMPLOYER (if applicable): EMPLOYER'S BUSINESS ADDRESS: (Number and Street) NATURE AND PURPOSE OF EMPLOYER'S BUSINESS: **VERIFICATION** By signing the verification below, I certify that I have reviewed and understand the requirements of the City of Surrey. I have used all reasonable diligence in preparing this Registration. I have reviewed this Registration and to the best of my knowledge the information contained herein is true and complete. Executed on

(signature of lobbyist)

DBBYIST REGISTRATION FORM Name of Lobbyist:  LIENT DISCLOSURE	
CLIENT'S BUSINESS OR MAILING ADDRESS: (Number	r and Street)
NATURE AND PURPOSE OF CLIENT'S BUSINESS:	
DEVELOPMENT APPLICATION NO. AND DESCRIPTION OF WAS RETAINED TO REPRESENT THE CLIENT:	OF PROPOSAL/PROJECT FOR WHICH THE LOBBYIST
CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER: ( )
CLIENT'S BUSINESS OR MAILING ADDRESS: (Number	r and Street)
NATURE AND PURPOSE OF CLIENT'S BUSINESS:	
DEVELOPMENT APPLICATION NO. AND DESCRIPTION LOBBYIST WAS RETAINED TO REPRESENT THE CLIF	
LIENT(S) TO BE DELETED FROM LOBBYIST'S REGISTI	RATION (check "Amendment" box on p. 1 of form):
NAME:	
NAME:	
☐ If more space is needed, check box and at	tach continuation sheet(s)

This policy is subject to any specific provisions of the Local Government Act, or other relevant legislation or Union agreement.