

EMPLOYER INFORMATION

*Name: _____
(Please Print) (Last) (First) (M.I.)

Telephone Number: _____

*Address: _____

*Subject Matter: _____
*General Area of Interest

*Specific Area of Interest

(Note: Requires the identification of any ordinance, resolution or proposal of any kind, which is the subject of present or prospective action by the County Commission, decision-making body or County employee(s) making other decision(s).

***Authorization to Lobby**

Lobbyist representing a group, association or organization must attach written authorization in the form of minutes, motion or other documentation of action.

CERTIFICATION

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Chapter 68 of the Alachua County Code of Ordinances, and that I am aware of the requirements for periodic filing and submission of other statements.

Further, I understand that I am required to notify the Alachua County Clerk of the Circuit Court of any changes to the information contained herein, and that I am required to register for each new employer on whose behalf I lobby.

Signature

Date

Return completed form to: Alachua County Clerk of the Circuit Court, Attn: Finance & Accounting, 201 E. University Ave, Gainesville, FL 32601. Or you may email the form to lobbyistregistry@alachuaclerk.org.

*Required Fields