



CITY OF RIVIERA BEACH **Lobbyist REGISTRATION Form**

Return the original completed form along with the \$25 fee to the address below. It is the duty of each lobbyist to continually file updated information with the Office of the City Clerk.

Lobbyist

Name of Lobbyist: _____
Business Phone: _____
Firm Name (if applicable): _____
Business Address (Street/P.O. Box, City, Zip Code): _____

Description of nature and extent of any direct business association or partnership with any current member of the City Council, City Official, or employee:

Principal Represented

Principal Name: _____
Firm Name: _____
Address: _____
Legislative Interest of Principal: _____

I hereby submit this registration form, and state that the information contained herein is true and correct, and _____ Registrant/Lobbyist is authorized to, represent _____ the above Principal.

X _____ / _____ **Principal**

Signature Lobbyist Retained Date

X _____ / _____

Registrant/Lobbyist Signature Date

***Return original completed form and
payment to:***

ACCEPTABLE FORMS OF
PAYMENT:

CASH, CHECK AND CREDIT



City of Riviera Beach
Office of the City Clerk
600 West Blue Heron Blvd., Suite 140
Riviera Beach, FL 33404 (561) 845-4090

For use by the Office of the City Clerk ONLY

Date Received: _____