

## **CITY OF RIVIERA BEACH Lobbyist WITHDRAWL Form**

Complete and return original form to the address below. It is the duty of continually update and file this information to the Office of the City Clerk.	each lobbyist to
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 partnersh current member of the City Council, City Official, or employee:	nip with any
Principal to Withdraw	<del> </del>
Principal Name:  Firm Name:  Address:	
Legislative Interest of Principal:	
I hereby submit this registration form, and state that the information contain	ed herein
is true and correct, and Registrant/Lobbyist is an	uthorized to,
representthe above Principal.	
X/	
Signature Lobbvist Retained Date	

Date

Registrant/Lobbyist Signature

Return completed original form to:
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 Rec	ceived:
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