



REMOVE LOBBYIST(S) FORM

NAME OF LOBBYIST FIRM: _____ **Date:** _____

The following lobbyist(s) are to be removed from registration with the Leon County – City of Tallahassee Blueprint Intergovernmental Agency as lobbyists belonging to the above-named firm.

1. FIRST: _____ MI: _____ LAST: _____

DATE CEASED LOBBYING: _____

2. FIRST: _____ MI: _____ LAST: _____

DATE CEASED LOBBYING: _____

3. FIRST: _____ MI: _____ LAST: _____

DATE CEASED LOBBYING: _____

4. FIRST: _____ MI: _____ LAST: _____

DATE CEASED LOBBYING: _____

5. FIRST: _____ MI: _____ LAST: _____

DATE CEASED LOBBYING: _____

OATH

Under penalty of perjury, I declare that I have read the forgoing document and that the facts stated within are true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

SCANNED FORMS MAY BE EMAILED TO RECORDS@TALGOV.COM

For Official Use Only

<p>City of Tallahassee Office of the Treasurer-Clerk Attention: Lobbyist Registration, Box A-31 300 S. Adams Street Tallahassee, Florida 32301</p>	<p>Registration No. _____</p>
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