

BLUEPRINT



INTERGOVERNMENTAL AGENCY

REMOVE PRINCIPAL(S) FORM

NAME OF LOBBYIST FIRM: _____ Date: _____

PRINCIPALS TO BE REMOVED FROM THE REGISTRATION OF THE ABOVE NAMED FIRM:

1. PERSON/BUSINESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
REPRESENTATION CEASED ON: _____ M _____ /D _____ /Y _____

2. PERSON/BUSINESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
REPRESENTATION CEASED ON: _____ M _____ /D _____ /Y _____

3. PERSON/BUSINESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
REPRESENTATION CEASED ON: _____ M _____ /D _____ /Y _____

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

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