

SCHEDULE "A"

**CITY OF SURREY
LOBBYIST REGISTRATION FORM**

Type or Print in Ink. Complete both sides. File Original with City Clerk.

Check Box if an Amendment

If this is an Initial Registration, enter
DATE QUALIFIED as a Lobbyist: _____

FULL NAME OF LOBBYIST:

BUSINESS PHONE NUMBER:
()

BUSINESS ADDRESS: (Number and Street)

MAILING ADDRESS: (If different from above)

LOBBYIST'S EMPLOYER (if applicable):

BUSINESS PHONE NUMBER:
()

EMPLOYER'S BUSINESS ADDRESS: (Number and Street)

NATURE AND PURPOSE OF EMPLOYER'S BUSINESS:

VERIFICATION

By signing the verification below, I certify that I have reviewed and understand the requirements of the City of Surrey.

I have used all reasonable diligence in preparing this Registration. I have reviewed this Registration and to the best of my knowledge the information contained herein is true and complete.

Executed on _____ at _____
(date)

By _____
(signature of lobbyist)

CLIENT DISCLOSURE

CLIENT'S NAME:

BUSINESS OR MESSAGE
PHONE NUMBER:
()

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street)

NATURE AND PURPOSE OF CLIENT'S BUSINESS:

DEVELOPMENT APPLICATION NO. AND DESCRIPTION OF PROPOSAL/PROJECT FOR WHICH THE LOBBYIST
WAS RETAINED TO REPRESENT THE CLIENT:

CLIENT'S NAME:

BUSINESS OR MESSAGE
PHONE NUMBER:
()

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street)

NATURE AND PURPOSE OF CLIENT'S BUSINESS:

DEVELOPMENT APPLICATION NO. AND DESCRIPTION OF PROPOSAL/PROJECT FOR WHICH THE
LOBBYIST WAS RETAINED TO REPRESENT THE CLIENT.

CLIENT(S) TO BE DELETED FROM LOBBYIST'S REGISTRATION (check "Amendment" box on p. 1 of form):

NAME:

NAME:

If more space is needed, check box and attach continuation sheet(s)

This policy is subject to any specific provisions of the Local Government Act, or other relevant legislation or Union agreement.