SCHEDULE "A"

CITY OF SURREY LOBBYIST REGISTRATION FORM

Туре	e or Print in Ink. Complete both sides. File Original with City Cleri	k.
	Check Box if an Amendment	
	is is an Initial Registration, enter TE 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 si	gning the verification below, I certify that I have reviewed and understand	the requirements of the City of Surrey.
	re used all reasonable diligence in preparing this Registration. I have revie eledge the information contained herein is true and complete.	wed this Registration and to the best of my
Exec	uted on at	
Ву	(signature of lobbyist)	

LOBBYIST REGISTRATION FORM Name of Lobbyist:		
LIENT DISCLOSURE		
CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER:	
CLIENT'S BUSINESS OR MAILING ADDRESS: (Nu	umber and Street)	
NATURE AND PURPOSE OF CLIENT'S BUSINESS:		
DEVELOPMENT APPLICATION NO. AND DESCRIPTI WAS RETAINED TO REPRESENT THE CLIENT:	ION OF PROPOSAL/PROJECT FOR WHICH THE LOBBYIST	
CLIENT'S NAME:	BUSINESS OR MESSAGE	
CLIENT'S BUSINESS OR MAILING ADDRESS: (Nu	PHONE NUMBER:	
NATURE AND PURPOSE OF CLIENT'S BUSINESS:		
DEVELOPMENT APPLICATION NO. AND DESCRI LOBBYIST WAS RETAINED TO REPRESENT THE		
CLIENT(S) TO BE DELETED FROM LOBBYIST'S REG	HSTRATION (check "Amendment" box on p. 1 of form):	
NAME:		
☐ If more space is needed, check box and	d attach continuation sheet(s)	

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