



LOBBYIST AMENDMENT FORM

Note: File within ten (10) calendar days of adding/deleting lobbyists/clients, or modifying information. This form may be duplicated for additional entries.

PART I – LOBBYIST INFORMATION (Main contact person in Part I of Lobbyist Registration Form)			Modify: Provide updated information below	
NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)		
BUSINESS EMAIL	BUSINESS PHONE (XXX) XXX-XXXX	ALT. BUSINESS PHONE (XXX) XXX-XXXX		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	

PART II – LOBBYIST INFORMATION		Total Number of Lobbyists(s) Added, Deleted, Modified: ____		
Check Add if adding a lobbyist to the City’s lobbyist registry. Check Delete if removing a lobbyist from the City’s lobbyist registry. Check Modify , if updating any current lobbyist information. Be sure to complete all applicable fields.				
1.	CHECK ONLY ONE:			
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right		NAME OF LOBBYIST (Last, First, M.I.)		
		BUSINESS EMAIL	BUSINESS PHONE (XXX) XXX-XXXX	
	<input type="checkbox"/>	Check here if address is same as firm address		
		BUSINESS ADDRESS	CITY	STATE

2.	CHECK ONLY ONE:			
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right		NAME OF LOBBYIST (Last, First, M.I.)		
		BUSINESS EMAIL	BUSINESS PHONE (XXX) XXX-XXXX	
	<input type="checkbox"/>	Check here if address is same as firm address		
		BUSINESS ADDRESS	CITY	STATE

3.	CHECK ONLY ONE:			
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right		NAME OF LOBBYIST (Last, First, M.I.)		
		BUSINESS EMAIL	BUSINESS PHONE (XXX) XXX-XXXX	
	<input type="checkbox"/>	Check here if address is same as firm address		
		BUSINESS ADDRESS	CITY	STATE

PART III – CLIENT INFORMATION

Total Number of Clients(s) Added, Deleted, Modified: _____

Check **Add** if adding a client to the City’s lobbyist registry. Check **Delete** if removing a client from the City’s lobbyist registry. Check **Modify**, if updating any current client information. Be sure to complete all applicable fields.

1. CHECK ONLY ONE:					
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right	NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX		
	BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
	Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:				

2. CHECK ONLY ONE:					
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right	NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX		
	BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
	Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:				

3. CHECK ONLY ONE:					
Add Add to lobbyist registry Delete Remove from lobbyist registry Modify Provide updated information to the right	NAME OF CLIENT (Last, First, M.I.)	NAME OF BUSINESS	BUSINESS PHONE (XXX) XXX-XXXX		
	BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
	Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:				

If more space is needed for Part II – Lobbyist Information and/or Part III – Client Information, check box and attach additional pages.

Verification

I certify that I have reviewed Ordinance No. 6417, made available on the City of Anaheim’s website and reviewed all applicable lobbying provisions. I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF LOBBYIST	PRINT NAME OF LOBBYIST
NAME OF LOBBYING FIRM (if applicable)	DATE