For Internal Office Use only						
Ref. #						
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Date						

County of San Joaquin

Individual Lobbyist Registration Statement Form

	☐ New Registration \$75 ☐ Annual Registration \$50						
Section I	: Registering C	County Lobbyist					
Full Name:					. 		
Business	Last usiness		First	M.I.			
Address:							
	Street Address						
	City, State, Zip (Code					
Business Phone: Business Email:							
Section	II: Lobbyist Re _l	oresenting (List all individu	als you represe	nt)			
Name of Individual or Firm Represented		Business Address	Telephone Number	Email Address	Effective Date		
1.							
2.							
3.							
4.							
5.							
Section I	II: Submit						
Once the for	rm has been com	pleted, please print, sign, and	include a check.	Make check payable t	o: County of		
San Joaquin							
Mail or Deliver in Person to:				Contact:			
Clerk of the Board				Telephone: (209) 468-2350			
Attn.: County Lobbyist Registration 44 N. San Joaquin Street, Suite 627				Email: lobbyistforms@sjgov.org			
	alifornia 95202	te 627					
Signature:			Da	Date:			