CITY OF DETROIT SUPPLEMENT TO LOBBYIST REGISTRATION

TO ADD OR REMOVE CLIENTS

| 1. LOBBYIST'S NAME | 2. LOBBYIST'S ID NUMBER |
|---|--|
| | |
| 3. BUSINESS ADDRESS (All mail will be sent to this address) | 4. TELEPHONE NUMBER(S) |
| | ()() |
| ☐ IF THIS ADDRESS HAS CHANGED, CHECK BOX | ☐ IF A NUMBER HAS CHANGED, CHECK BOX |
| 5. NAME AND ADDRESS OF CLIENT(S) | |
| Effective,, I do not represent the follows: | wing client(s): |
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| To the standard of the fall and a standard of the standard of | |
| Effective,, I represent the following client(s): | |
| e · | |
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| | |
| 6. VERIFICATION | and the second s |
| I swear, or affirm, that all reasonable diligence was used in preparation of this fi best of my knowledge. | orm, and the contents are true and accurate to the |
| | _ |
| Type or print name of lobbyist | 8 |
| Signature of lobbyist | - 0 |
| Subscribed and sworn to me this sworn to before me | |
| this,, | |
| Notary Public, Wayne County, Michigan My Commission Expires: | |
| FOR OFFICIAL USE ONLY: Amount of fee paid: | Date of payment. |