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) ☐ IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) ( )_____ ( )_____ ☐ IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

☐ Effective _____, _____, I do not represent the following client(s):

☐ Effective _____, _____, I represent the following client(s):

6. VERIFICATION

I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

_____
Type or print name of lobbyist

_____
Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this _____ day of _____, _____

_____
Notary Public, Wayne County, Michigan
My Commission Expires: _____

FOR OFFICIAL USE ONLY:
Amount of fee paid: _____ Date of payment: _____