City of Milwaukee

WRITTEN AUTHORIZATION FOR LOBBYIST

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
www.milwaukee.gov/license

Reset Form

A written authorization must accompany all lobbyist registrations.

Name of Lobbyist:

Principal Name:

I/We do hereby authorize the _____ (Name of Lobbyist) to represent _____ (Name of Principal) in lobbying activities with city of Milwaukee officials.

*Signature of Principal or Authorized Signer of the Principal:

_____

Date: _____

If the principal does not sign this form, the person signing the form must be listed in section 16 of the lobbyist registration form as an authorized signer.

Office Use Only:

Initials:_____ Lobbyist #: _____

Received

Date and Time Stamp: