



Lobbyist Registry



Paid Lobbyist WITHDRAW Form

Fill out information requested and return original completed form to the address below. It is the duty of each lobbyist to continually update and file this information.

Name of Lobbyist: _____ Business Phone: _____

Firm Name (if applicable) _____

Business Address (Street/P.O. Box, City, Zip Code) _____

Description of nature and extent of any direct business association or partnership with any current Palm Beach County Commissioner, Advisory Board member or County employee:

Principal to Withdraw

Principal Name: _____

Firm Name: _____

Address: _____

Legislative Interest of Principal: _____

In compliance with Palm Beach County Lobbyist Registration Ordinance, Palm Beach County Code, Chapter 2, Article VIII, as amended, I hereby submit this withdraw form, and state that the information contained herein is true and correct.

Registrant/Lobbyist is no longer representing the above principal

X _____ / _____
Registrant/Lobbyist Signature Date

Return original completed form to:
County Administrator
Legislative Affairs Director
301 N. Olive Avenue, Suite 1101
West Palm Beach, FL 33401
(561) 355-3451