

**THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
METROPOLITAN CLERK'S FORM, LCREG-Amdt. v. 2021**

**LOBBYIST AMENDED REGISTRATION FORM**

Section 2.196.050 of the Metropolitan Code requires that a lobbyist amend or update their registration statement within five (5) business days following any event or circumstances that renders the registration statement inaccurate or incomplete.

Please fill in any and all applicable fields requiring amendment or updating to ensure the registration statement that you filed as a lobbyist on behalf of this client is accurate and complete. Submit form via email to the Metropolitan Clerk's Office: metro.clerk@nashville.gov.

**AMENDMENT OF REGISTRATION STATEMENT**

An event or change of circumstances on \_\_\_\_\_, 20\_\_\_\_, has rendered as inaccurate or incomplete the registration statement that I filed on \_\_\_\_\_, for lobbying services to my client \_\_\_\_\_.

As a result, I hereby amend or update that registration statement as follows:

**A. LOBBYIST INFORMATION:**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**B. CLIENT INFORMATION:**

NAME OF CLIENT \_\_\_\_\_

NATURE OF CLIENT'S BUSINESS \_\_\_\_\_

NAME/TITLE OF CLIENT REPRESENTATIVE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

IF CLIENT IS A CORPORATION, ASSOCIATION OR GOVERNMENTAL ENTITY, PROVIDE THE NAME OF THE INDIVIDUALS PERFORMING THE FOLLOWING FUNCTIONS:

CHIEF EXECUTIVE OFFICER \_\_\_\_\_

CHIEF FINANCIAL OFFICER \_\_\_\_\_

**C. LIST GENERAL CATEGORIES OF SUBJECT MATTER ON WHICH REGISTRANT WILL LOBBY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. IF ANY MEMBER OF THE LOBBYIST'S IMMEDIATE FAMILY IS AN OFFICIAL WITHIN THE LEGISLATION OR EXECUTIVE BRANCH, LIST THE NAME, HOME ADDRESS, AND POSITION OF THE FAMILY MEMBER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. EXPLAIN THE EXTENT OF ANY DIRECT OR INDIRECT BUSINESS ARRANGEMENTS OR PARTNERSHIPS BETWEEN LOBBYIST AND ANY CANDIDATE FOR PUBLIC OFFICE OR ANY OFFICIAL IN THE LEGISLATIVE OR EXECUTIVE BRANCH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AFFIRM THAT THE INFORMATION PROVIDED IN THIS AMENDED LOBBYIST REGISTRATION FORM IS TRUE AND ACCURATE.

\_\_\_\_\_  
**Signature of Lobbyist**

\_\_\_\_\_  
**Date:**

[NO FEE FOR THIS FORM]