THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
LOBBYIST REGISTRATION

LOBBYIST NAME ___________________________________________            DATE
REGISTRATION SUBMITTED ______________________

LOBBYIST MAILING ADDRESS _________________________________________________________________________________

PHONE ____________________   FAX ____________________   EMAIL ADDRESS _____________________________________

NAME OF CLIENT __________________________________________________________________________________________

NATURE OF CLIENT’S BUSINESS ______________________________________________________________________________

NAME/TITLE OF CLIENT REPRESENTATIVE ______________________________________________________________________

CLIENT ADDRESS ___________________________________________________________________________________________

CLIENT PHONE ______________________________________   FAX __________________________________________________

IS LOBBYIST’S FEE CONTINGENT UPON SUCCESS?  _____  YES             _____  NO

IF YES, IS EMPLOYMENT AGREEMENT IN WRITING?                   _____  YES             _____  NO

LIST GENERAL CATEGORIES OF SUBJECT MATTER ON WHICH REGISTRANT WILL LOBBY
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

I do solemnly swear that the information contained in this statement is true and that I have complied with all requirements
of the Lobbyist Registration and Disclosure Law.

____________________________________________________________

CLIENT INFORMATION: The Lobbyist’s Client must sign below or attach a letter on the Client's letterhead that
authorizes the Lobbyist to lobby on the Client's behalf.

I do solemnly swear that the information contained in this statement is true and that I have authorized the above-named
person to be a lobbyist on my behalf. I understand that I may be responsible for filing a lobbying activities report should
the lobbyist fail to file reports required under the Lobbyist Registration and Disclosure Law.

____________________________________________________________

Signature of Client

Mail or submit in-person completed form and related attachment, if applicable, and $50.00 registration fee to:

Metropolitan Clerk’s Office
1 Public Square, Suite 205
Nashville TN 37201
metro.clerk@nashville.gov