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City of Springfield, Massachusetts

Wayman Lee, City Clerk

36 Court Street, Room 123
Springfield, MA 01103
413-787-6096

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MUNICIPAL AGENT REGISTRATION

Chapter 38-17 City of Springfield Revised Ordinances

Check One ☐ New Registrant ☐ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration : _____

_____

Registrant ☐ Organization/Lobbying Entity ☐ Self Employed Individual

2. Registrant/Organization:

T _____

Address: _____ Address 2 _____

City: _____ State: Massachusetts Zip: _____ Country: United States

3. Principal Place of Business (If different than 2):

City: _____ State: Massachusetts Zip: _____ Country: United States

4. Contact Name and Telephone Number ☐ International Number

Contact: _____ Telephone: _____ E-mail: _____

5. General description of registrant business or activities:

Client A Lobbying Entity is required to file a separate registration for each client. ☐ Self

Organizations employing in-house Municipal Agents should check the box labeled "Self" and proceed to line 10.

6. Client Name: _____

Address: _____ Address 2 _____

City: _____ State: Massachusetts Zip: _____ Country: United States

7. Principal Place of Business (If different than 2):

City: _____ State: Massachusetts Zip: _____ Country: United States

8. General description of registrant business or activities:

9. Name of each individual who has acted or is expected to act as a municipal agent for the identified on line 7.

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

First _____ Last _____ Suffix ____ First _____ Last _____ Suffix ____

Lobbying Issues

10. General Lobbying issue areas:

11. Specific Lobbying issues (current and anticipated)

Signature: _____ Date: _____

Printed Name: _____ Title: _____