



Washington Suburban Sanitary Commission

DIRECTIONS FOR COMPLETING THE LOBBYIST REGISTRATION FORM

PART A. LOBBYIST INFORMATION:

Section 1. Enter the full name, permanent street address, email address and telephone number of the individual, organization, or corporation registering. The address should represent one where the person can be reached throughout the year. If the address or business changes during the period of registration or before all required reports are submitted, an address change must be mailed to the Board immediately.

Section 2. If you are a lobbyist and employ staff to carry out part of the lobbying activity, those individuals must submit their own registration and, in addition, be listed in this section. Additionally, if you are an employer, you must list any lobbyist you employ.

Section 3. Identify the person or organization that employs or compensates the lobbyist. Enter the complete name and business street address as well as the nature of the business.

PART B. LOBBYIST SIGNATURE:

This should be the full name of the lobbyist, as it appears in PART A, Section 1 of the form.

PART C. AUTHORIZATION TO ACT: (to be completed by the employer)

This should be completed by the person or organization named in PART A., Section 3 of the form. If the employer is a corporation, then an authorized officer or agent who is not the lobbyist should sign the authorization.

Section 1. Identify the matters to which the authorization will pertain as specifically as possible. Statements such as “any and all matters” are not sufficient. Please use any available numbers, formal designations or other descriptive references where possible. If the nature of the matters listed substantially changes during the authorization period, then a letter stating the change must be submitted to the Board immediately.

Section 2. Indicate the entire period of time for which the person or organization named in PART A, Sections 1 or 2 is authorized to represent the employer.

Section 3. Enter the complete name and business address of the employer in the space provided. This should be the name of the employer, as it appears in PART A, Section 3 of the form.

Section 4. This should be the signature of the person or authorized officer or agent of the employer organization named in PART C, Section 3 of the form.



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WSSC LOBBYING REGISTRATION FORM

Please complete a separate form for each lobbyist as well as each employer if lobbying on behalf of others.
A fee of \$100 must accompany each registration form.

PART A. LOBBYIST INFORMATION

Section 1. Lobbyist Identification

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Occupation/Type of Business: _____

Section 2. Others who will lobby on behalf of the lobbyist identified above:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Section 3. Identification of Employer (if lobbyist on behalf of another):

First Name: _____ Last Name: _____

Business Name: _____

Business Street Address: _____

Nature of the Business: _____

Telephone Number: _____ Email: _____

