



CITY OF TALLAHASSEE
INDIVIDUAL LOBBYIST REVOCATION FORM

LOBBYIST NAME _____

NAME OF LOBBYIST FIRM _____

BUSINESS ADDRESS _____

PHONE NUMBER (____) _____ - _____ EMAIL ADDRESS _____

I, _____, having registered as a lobbyist in the City of Tallahassee, on the ____ day of _____, 20____ hereby submit a request for revocation of my registration. My last activity as a lobbyist was on the ____ day of _____, 20____.

Lobbyist Signature

STATE OF FLORIDA

COUNTY OF LEON

This foregoing revocation was sworn to and subscribed before me on this the ____ day of _____, 20__ by _____ who is personally known to me or who has produced _____ (as identification) and who did / did not take an oath.

BY: _____ Notary Public

For Official Use Only

Table with 2 columns: City of Tallahassee Office of the Treasurer-Clerk (Address: 300 S. Adams Street, Tallahassee, FL 32301) and Registration No. _____