



CITY OF
TALLAHASSEE

City of Tallahassee
Lobbyist Registration Complaint Form

For Office Use Only

Date Received: _____

Reg. No.: _____

Name of Complainant:	Phone Number:
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Address:

City:	State:	Zip:
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Alleged Violator – Provide the name, title, firm, address and telephone number for the person you allege violated the City of Tallahassee Lobbyist Registration Ordinance. Provide all information that is known.

Name:	Phone Number:
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Firm:

Principal who hired/employs the above:

Address:

City:	State:	Zip:
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Statement of Facts/Alleged Violation(s) – Explain your complaint fully in the space provided below or on additional sheets. Identify any and all sections of the City of Tallahassee Lobbyist Registration Ordinance which you allege have been violated and which, if true, would constitute improper conduct under the provisions of the ordinance. Provide a detailed description of the facts and the actions of the person named above. Include relevant dates and the names, addresses, and telephone numbers of the persons who you believe may be witnesses. Attach copies of any evidence or relevant documents, or disclose any other sources of information that relate to the complaint. Continue this information on the next page and additional sheets if needed.

Check if continued on additional sheet(s). Total number of pages including this page _____.

Statement of Facts/Alleged Violation(s) *continued*

Attestation

I, the person bringing this complaint, do attest that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

Signature of Complainant _____

Date: _____

Submit completed forms to: City Treasurer-Clerk, 300 S. Adams St., Box A-31, Tallahassee, FL 32301