



**Lobbyist Form - Registration | Amendment | Notice of Termination**  
 Office of the City Clerk  
 300 E. Chapman Ave. | Orange, CA 92866  
 (714) 744-5500

Select One

<input type="checkbox"/> Initial Registrtrtion	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
Date Qualified as Lobbyist:	Effective Date of Amendment:	Date of Termination:

<b>Section A - Lobbyist Information</b>		Check if Modifying Lobbyist Information	
Name of Lobbying Firm:			
Business Email:		Business Phone:	Alternate Phone:
Business Address:		City:	State Zip Code:

Name of Lobbyist:	
Phone :	Contact Email:
Name of Lobbyist:	
Phone :	Contact Email:
Name of Lobbyist:	
Phone :	Contact Email:

VERIFICATION: By my signature below, I certify that I have reviewed Section 2.13 (Lobbyist Registration and Reporting) of the Orange Municipal Code and declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate. I understand that this form is subject to review and any knowing or intentional errors or omissions may be subject to civil penalties. I futher understand that this form in its entirety is subject to eh CA Public Recvords Act and as such may be produced to the public upon request.

Signature:	Date:
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Mail or Email form to:

Mail: Office of the City Clerk  
 300 E. Chapman Avenue  
 Orange, CA 92866

Email: Pamela Coleman  
[clerkinformation@cityoforange.org](mailto:clerkinformation@cityoforange.org)



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**Lobbying Firm Name:** \_\_\_\_\_

**Section B - Client Information**

(SELECT ONE) (This page may be duplicated for additional entries)

<input type="checkbox"/> ADD	Add to Client Registry
<input type="checkbox"/> DELETE	Remove from Client Registry
<input type="checkbox"/> MODIFY	Update Client Information

Name of Client (Last,First):		Name of Business:	
Business Address:	City:	State	Zip Code:
Business Phone:	Date of Addition or Removal of Client:		
Describe the legislative or administrative action(s) that the Lobbyist is seeking to influence on behalf of this client.			
Describe any gifts, contributions, or behested payments over \$250.00 made in the last 12 months.			

**Section C - Specific Project Information**

City Project Name:
Project Address: