

CITY OF TALLAHASSEE INDIVIDUAL LOBBYIST REVOCATION FORM

LOBBYIST NA	ME				
NAME OF LOB	BYIST FIRM				
BUSINESS ADI	ORESS				
PHONE NUMBE	CR ()	EMAIL A	ADDRESS		
I,			, havin	g registered as a lo	bbyist in the
City of Tallahassee, or	the day of	, 20	_hereby submit a requ	est for revocation of	of my
registration. My last ac	ctivity as a lobbyist was on the _	day of		, 20	
Lobbyist Signature					
STATE OF FLORIDA	L				
COUNTY OF LEON					
	(as identificat	_	did / did not	take an oath.	
			BY:	Notary Public	
					For Official Use Only
OFF ATT 300	Y OF TALLAHASSEE ICE OF THE TREASURER-CL ENTION: LOBBYIST REGIST S. ADAMS STREET LAHASSEE, FLORIDA 32301		Registration	on No	

Page _____ of ____