



## VILLAGE OF PALMETTO BAY LOBBYIST WITHDRAWAL FORM

*Please type or Print in ink*

Lobbyist Name: \_\_\_\_\_

Lobbyist Address: \_\_\_\_\_

Lobbyist Contact: email: \_\_\_\_\_ cell: \_\_\_\_\_

Principal Represented: \_\_\_\_\_

Business/Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Representation Ended: \_\_\_\_\_

Subject matter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Lobbyist

\_\_\_\_\_  
Date: