



CLIENT/EMPLOYER AUTHORIZATION TO LOBBY

1. Lobbyist's name, business address, telephone number, fax and email:

2. Name, business address, telephone number, fax and email of the client (employer) on whose behalf the lobbyist is authorized to act. **Note:** If the employer is a **corporation**, include the printed name and title of the **authorized agent** signing this Authorization form.

3. Check the appropriate line below and fill in the appropriate **termination** date(s).
I authorize the lobbyist listed above to act on my behalf for the period:

____ From _____, 20____ to _____, 20____, unless terminated sooner.

____ From _____, 20____, and continuing until terminated.

Note: Termination of a lobbyist's authorization must be reported in writing to the Ethics Commission.

4. Identify the **matter(s)** on which the lobbyist is expected to represent this employer, including the formal designation of any proposed legislation, if known.

5. I understand that if the lobbyist, whom I have authorized to act on my behalf, fails to report any information required by Title 7 of the Anne Arundel County Public Ethics Law, Article 7 of the Anne Arundel County Code, I will automatically become subject to the requirements of Title 7. I also understand that prior to my engaging in any lobbying activity on my own behalf, or on behalf of the corporation for which my signature appears, I will be required to register as a lobbyist.

I solemnly swear or affirm under the penalties of perjury that the contents of this report and any attachments are complete, true, and correct based upon my personal knowledge.

Signature of Employer (or authorized agent): _____

Printed Name of Employer: _____

Position with Employer entity: _____

Date: _____