

Check if amending a prior registration:

Year: \_\_\_\_\_



## CITY OF PITTSBURGH LOBBYIST REGISTRATION FORM

NOTE: your registration is not complete until your registration fee is received

Full Name of Lobbyist: \_\_\_\_\_

Employer: \_\_\_\_\_

Position (i.e. partner/owner/manager): \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please List All Companies/Organizations/Interests You Represent:**

Company Name: \_\_\_\_\_

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

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

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Company Name: \_\_\_\_\_

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

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

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Company Name: \_\_\_\_\_

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

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

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Company Name: \_\_\_\_\_

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

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

**There is an annual registration fee of \$100. Payment by check or money order only. All payments are to be made out to "Treasurer, City of Pittsburgh." Please send registration and payment to:**

Pittsburgh City Controller's Office, 414 Grant Street, Pittsburgh PA 15219

I have attached or submitted my fee

I have reviewed, and I understand all of the requirements of § 161.37 of the Pittsburgh City Code. Also, I swear or affirm that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date