



MAUI COUNTY BOARD OF ETHICS

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LOBBYIST REGISTRATION

<u>Lobbyist Name:</u> <u>Last</u> <u>First</u> <u>M.I.</u>		
<u>Address:</u>	<u>State</u>	<u>Zip Code</u>
Telephone No.:		
Email:		
Organization/Person Lobbying For:		
Description of subject matter upon which you expect to lobby:		
CERTIFICATION OF LOBBYIST		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.		
_____ Signature	_____ Date	
This one-page Lobbyist Registration, dated _____, was subscribed and sworn to before me		
this _____ day of _____, 20____ in the _____ Circuit of the State of Hawaii		
by _____.		
(SEAL)		
_____ Notary Public, State of Hawaii		
Printed Name: _____		
My commission expires: _____		
AUTHORIZATION TO LOBBY		
I, _____, certify that the above-named person is		
authorized to engage in lobbying activities on behalf of _____.		
Signature: _____ Address: _____		
Title: _____ E-mail: _____		
Telephone No.: _____		