



City of Central Falls Lobbyist Registration

1. Lobbyist

Name: _____

Address: _____

City _____ State _____ Zip _____

Work Phone: _____ Cell Phone: _____

Email: _____

2. Entity

Name of Entity: _____

Name of Chief Executive: _____

Address: _____

City _____ State _____ Zip _____

Work Phone: _____ Cell Phone: _____

Email: _____

3. Compensation

Amount of compensation for lobbying activity: _____

Paid: ___ weekly ___ monthly ___ yearly

4. Subject Matter

Please explain the subject, topic or reason for lobbying activity

Signature _____ Date _____