



**City  
of  
Milwaukee**

**WRITTEN AUTHORIZATION FOR LOBBYIST**  
OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[www.milwaukee.gov/license](http://www.milwaukee.gov/license)

**A written authorization must accompany all lobbyist registrations.**

Name of Lobbyist: <input type="text"/>
Principal Name: <input type="text"/>
<p>I/We do hereby authorize the _____ (Name of Lobbyist) to represent _____ (Name of Principal) in lobbying activities with city of Milwaukee officials.</p> <p>*Signature of Principal or Authorized Signer of the Principal: _____</p> <p>Date: _____</p>

***\*If the principal does not sign this form, the person signing the form must be listed in section 16 of the lobbyist registration form as an authorized signer.***

**Office Use Only:**

**Initials: \_\_\_\_\_ Lobbyist #: \_\_\_\_\_**

**Received**

**Date and Time Stamp:**