

CITY OF MADISON LOBBYING COMPLAINT FORM

To: City Clerk
Room 103, City-County Building
210 Martin Luther King, Jr. Blvd.
Madison WI 53703

The undersigned believes that a violation of Madison's Lobbying Regulation Ordinance, Sec. 2.40, Madison General Ordinances, has occurred. Specifically, the undersigned believes that:

1. The person named below is an unregistered lobbyist, is not properly registered under the Madison ordinance, and has engaged in lobbying.
2. That at the time, the lobbyist was representing the principal named below. That principal **is / is not** (circle one) registered under the Madison lobbying ordinance.
3. That the lobbying occurred at a meeting, the nature, date of which, and persons present is also set out below.

The undersigned hereby requests that the City Clerk or City Attorney investigate and determine whether a violation of the Madison lobbying ordinance has occurred.

Name of Unregistered Lobbyist	
Address of Unregistered Lobbyist	
What Group were they Representing (Principal)	
Nature of Meeting where Alleged Violation Occurred and Persons Present	
Date of Meeting	
Name of Person Filing Complaint	

ATTACH ADDITIONAL INFORMATION IF DESIRED.

Dated this _____ day of _____, _____.

PRINT NAME AND ADDRESS OF PERSON
FILING COMPLAINT

SIGNATURE OF PERSON
FILING COMPLAINT

