



**Metropolitan Water Reclamation District of Greater Chicago**

100 E Erie St. Chicago, IL 60611 312.751.5600 WWW.MWRD.ORG

**Lobbyist Registration Statement**

*Please submit completed application with check or money order payable to: Metropolitan Water Reclamation District of Greater Chicago.*

**IMPORTANT**

Attach a passport-type photograph of yourself taken in the last year.

(This is a requirement)

**THIS SPACE FOR DISTRICT USE ONLY**

Lobbyist #:	Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptance Date:	By:
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**LOBBYIST INFORMATION**

Name: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Temporary Address (if any) while Lobbying: \_\_\_\_\_

Are you a relative of any Commissioner, Officer, or Employee of the District?  Yes  No

If yes, list names of Relatives: \_\_\_\_\_

**CLIENT INFORMATION**

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

Permanent Address: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Lobbyist/Client relationship expected to involve:  Compensation  Expenditures  Both

Description of Executive, Legislative or Administrative Action in reference to which Lobbyist services are to be rendered:

**CONFIRMATION OF COMPLIANCE WITH ILLINOIS LOBBYIST REGISTRATION ACT**

I confirm that I have a sexual harassment policy as required by the Lobbyist Registration Act.

I confirm that I have completed harassment and discrimination prevention training as required by the Lobbyist Registration Act.

I recognize that the Inspector General has jurisdiction to review any allegations of sexual harassment alleged against me or Lobbyists hired by me.

I confirm that I will complete ethics training no later than 30 days after registration or renewal under the Ethics Ordinance.

I certify that all information contained herein is true and correct and herewith submit a nonrefundable \$300.00 registration fee for each Person identified as a Lobbyist in the registration statement.

Lobbyist signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Lobbyist Registration Statement Additional Client Information**

**CLIENT INFORMATION**

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

Permanent Address: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

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Description of Executive, Legislative or Administrative Action in reference to which Lobbyist services are to be rendered:

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