



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 sexual harassment 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 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: _____

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