



Interoffice Memorandum

Lobbyist Registration

Lobbyist registration forms can be submitted online using DocuSign. Send an email to ethicsquestions@wsscwater.com or call 301-206-8010 to request a link.

For those unable to submit online, use the fillable form on the next page. It can be saved and sent to the email address above or printed and mailed to:

WSSC Water
ATTN: ETHICS OFFICE
14501 Sweitzer Lane
Laurel, MD 20707-5901

DIRECTIONS FOR COMPLETING THE LOBBYIST REGISTRATION FORM

Please complete a separate form for **each** employer if lobbying on behalf of others. A fee of \$125, payable by check is required for the lobbyist **and** anyone lobbying on their behalf. Include the name(s) in the memo section of the check. Mail to:

WSSC Water
ATTN: ETHICS OFFICE
14501 Sweitzer Lane
Laurel, MD 20707-5901

PART A. LOBBYIST INFORMATION:

Section 1. Enter the full name and business address of the individual, organization, or corporation registering. The address should be one where the person can be reached throughout the year. If the business changes during the period of registration or before all required reports are submitted, an address change must be mailed to the Board.

Section 2. If you are a lobbyist and employ staff to carry out part of the lobbying activity, those individuals must submit their own registration and, in addition, be listed in this section. Additionally, if you are an employer, you must list any lobbyist you employ.

Section 3. Identify the person or organization that employes or compensates the lobbyist. Enter the complete name and business address as well as the nature of the business.

PART B. AUTHORIZATION TO ACT: (Employer Information)

Section 1. Identify the matters to which the authorization will pertain as specifically as possible. Statements such as “any and all matters” are not sufficient. Please use any available **numbers, formal designations, or other descriptive references where possible**. If the nature of the matters listed substantially changes during the authorization period, then a letter stating the change must be submitted to the Board.

Section 2. Indicate the entire period of time for which the person or organization named in PART A, Sections 1 or 2 are authorized to represent the employer.

Section 3. Enter the complete name and business address of the employer in the space provided. This should be the name of the employer, as it appears in PART A, Section 3 of the form.

PART C. AFFIRMATION AND OATH:

Lobbyist signs to indicate that the information is accurate under penalties of perjury.

WSSC WATER LOBBYING REGISTRATION FORM

PART A. LOBBYIST INFORMATION

Section 1. Lobbyist Identification

First Name: _____ Last Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2. Others who will lobby on behalf of the lobbyist identified above:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 3. Identification of Employer

First Name: _____ Last Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Nature of the Business: _____

Telephone: _____ Email: _____

PART B. AUTHORIZATION TO ACT:

Section 1.

The above-named lobbyist(s) is/are authorized to act upon the following matters:

- 1.
- 2.

Section 2.

The lobbyist(s) is/are authorized to act upon these matters during the following periods:

Beginning date _____ to Ending date _____

Section 3.

Employer

Company Name: _____

Representative Name and Title:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

PART C. AFFIRMATION AND OATH:

I hereby make oath or affirm under the penalties of perjury that I am authorized to engage in lobbying activity on behalf of the above employer for the period specified and as to the matters listed herein, unless this authority is terminated sooner. This authorization has been granted to me by the employer's representative listed herein. I acknowledge that my signature (either electronic or written) subjects me to the penalties of perjury to the same extent as an oath or affirmation made before an individual authorized to administer oaths, and swear that the contents of this registration are complete and accurate to the best of my knowledge and belief.

Employer Signature: _____

Date: _____