



**Office of the Town Clerk
Principal Authorization Form**

PRINCIPAL'S NAME	
PRINCIPAL'S CONTACT PERSON	
PRINCIPAL'S TRADE NAME	
MAILING ADDRESS	
TELEPHONE NUMBER	
NAME OF LOBBYIST(S)	
LOBBYIST'S ADDRESS	
TELEPHONE NUMBER	
DATE EMPLOYED	
If lobbyist is employed for a specific issue, please check here. <input type="checkbox"/>	
SPECIFIC ISSUE	
I swear under penalty of perjury that the information on this form is true and accurate.	
PRINCIPAL'S SIGNATURE:	DATE:



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DISCLOSURE OF 5% OR MORE OWNERSHIP INTEREST

List the names of all persons holding directly or indirectly a five (5) percent or more ownership interest in the Principal.

	Name	Mailing Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____