

# LOBBYIST AMENDMENT FORM

This form is **ONLY** for lobbyists registered during the period May 1 – April 30 who need to **change** details of their registrations (i.e. add/delete/amend principals, change of address or contact information, etc.)

**PLEASE COMPLETE THE PART(S) YOU ARE AMENDING. PLEASE PRINT LEGIBLY OR TYPE.**

## **PART 1: Lobbyist Name Currently on File**

Name: \_\_\_\_\_  
*First Name Last Name*

## **PART 2: Change of Lobbyist Information**

Lobbyist New Name: _____ <i>(If Applicable)</i>	New Phone Number: _____ <i>(Optional)</i>
New Mailing Address: _____ <i>Street/P.O. Box</i>	New Email: _____ <i>(Optional)</i>
_____ <i>City State Zip</i>	

## **PART 3: Add/Delete/Amend Representation – (To add, delete, or amend additional representation, use next page.)**

Please select **one** option:

Add       Delete       Amend Current Information

Organization Name: _____ <i>(Acronyms must be spelled out.)</i>	Phone Number: _____ <i>(Optional)</i>
Organization Address: _____ <i>Street/P.O. Box</i>	Email: _____ <i>(Optional)</i>
_____ <i>City State Zip</i>	

## **PART 4: Signature**

_____ <b>Lobbyist Signature or Designee</b>	_____ <b>Date Signed</b>
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## **PART 5: Submit Form**

<b>Mail:</b> Wyoming Secretary of State Election Division 2020 Carey Ave, Ste. 600 Cheyenne, WY 82002	<b>Fax:</b>  (307) 777 - 7640	<b>Email:</b>  elections@wyo.gov
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Blank PDF available at: <http://sos.state.wy.us/Forms/Forms.aspx>

**Additional Representation: - (If Applicable)**

**Add/Delete/Amend Representation**

Please select **one** option:

Add

Delete

Amend Current Information

**Organization Name:** \_\_\_\_\_  
*(Acronyms must be spelled out.)*

**Phone Number:** \_\_\_\_\_  
*(Optional)*

**Organization Address:** \_\_\_\_\_  
*Street/P.O. Box*  
\_\_\_\_\_  
*City State Zip*

**Email:** \_\_\_\_\_  
*(Optional)*

**Add/Delete/Amend Representation**

Please select **one** option:

Add

Delete

Amend Current Information

**Organization Name:** \_\_\_\_\_  
*(Acronyms must be spelled out.)*

**Phone Number:** \_\_\_\_\_  
*(Optional)*

**Organization Address:** \_\_\_\_\_  
*Street/P.O. Box*  
\_\_\_\_\_  
*City State Zip*

**Email:** \_\_\_\_\_  
*(Optional)*

**Add/Delete/Amend Representation**

Please select **one** option:

Add

Delete

Amend Current Information

**Organization Name:** \_\_\_\_\_  
*(Acronyms must be spelled out.)*

**Phone Number:** \_\_\_\_\_  
*(Optional)*

**Organization Address:** \_\_\_\_\_  
*Street/P.O. Box*  
\_\_\_\_\_  
*City State Zip*

**Email:** \_\_\_\_\_  
*(Optional)*