Lobbying Waiver Request Form
MS Secretary of State's Office

DATE STAMP

Official Lobbying Waiver Request Form

Requestor is a:
☐ **Registered Lobbyist** ☐ **Lobbyist's Client**

Requestor's Name _____

Client's Full Name _____

Requestor's Address _____City, State, Zip _____

Daytime Telephone_____Other Phone _____ Email _____

Report(s) Delinquently Filed _____

Fine Amount(s) _____

"…However, in the discretion of the Secretary of State, the assessing of such fine may be waived if the Secretary of State shall determine that unforeseeable mitigating circumstances, such as the health of the lobbyist, shall interfere with timely filing of a required report." Mississippi Code Ann. §5-8-17(1)(b).

Please describe the *unforeseeable mitigating circumstances* preventing you from filing your lobbying reports by the statutory deadline or within the nine (9) day grace period provided by law. (Please use the supplemental form(s) if needed, and/or attach copies of any relevant documents (receipts, hospital invoices, doctors' records, etc.) if possible).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Requestor _____ **Date** _____

Official Lobbying Waiver Request Form

(Supplemental Form)

Signature of Requestor _____ **Date** _____