

Elaine F. Marshall, Secretary of State

**Local Government Liaison Registration Amendment 2018**

**Previous Registration Information**

Local Governmental Unit:

Physical Business Address of Local Governmental Unit: **(Not a P.O. Box)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Local Governmental Unit’s Authorized Officer:

Mailing Address of Local Governmental Unit’s Authorized Officer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. of Local Governmental Unit’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of Local Governmental Unit’s Authorized Officer:

**Amended Registration Information**

Physical Business Address of Local Governmental Unit: \_**(Not a P.O. Box)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Local Governmental Unit’s Authorized Officer:

Mailing Address of Local Governmental Unit’s Authorized Officer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. of Local Governmental Unit’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address of Local Governmental Unit’s Authorized Officer:

**Certification of Amendment**

I hereby certify that all information disclosed in the “Local Government Registration Amendment Statement” is true, complete, and correct in accordance with G.S. §120C-206(c).

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Signature of Authorized Officer Date

**Preparer Information if Other than Authorized Officer**

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Signature of Preparer Date