



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).

\_\_\_\_\_

Signature of Authorized Officer

\_\_\_\_\_

Date

**Preparer Information if Other than Authorized Officer**

\_\_\_\_\_

Signature of Preparer

\_\_\_\_\_

Date