



**Wyoming Secretary of State's Office**

Herschler Building East  
Suite 100 and 101  
122 West 25th Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.5860  
Email: [Elections@wyo.gov](mailto:Elections@wyo.gov)

For Office Use Only

**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: \_\_\_\_\_ *(If Applicable)*      New Phone Number: \_\_\_\_\_ *(Required)*  
New Mailing Address: \_\_\_\_\_ *Street/P.O. Box*      New Email: \_\_\_\_\_ *(Required)*  
\_\_\_\_\_ *City State Zip*

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

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

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

\_\_\_\_\_ *City State Zip*

**PART 4: Signature**

\_\_\_\_\_ **Lobbyist Signature or Designee**      \_\_\_\_\_ **Date Signed**

**PART 5: Submit Form**

**Mail:** Wyoming Secretary of State  
Election Division  
Herschler Building East  
Suite 100 and 101  
122 West 25th Street  
Cheyenne, WY 82002-0020

**Email:** [elections@wyo.gov](mailto:elections@wyo.gov)

Blank PDF available at: <http://sos.wyo.gov/Forms/Forms.aspx>



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**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)*