

## HOWARD COUNTY COUNCIL AFFIDAVIT OF AUTHORIZATION TO TESTIFY ON BEHALF OF AN ORGANIZATION

I, Mickey Day (name of individual)	, have been duly authorized by
(name of individual)	, imit over any andiorizon by
Howard County Volunteer Firefighters Assoc	to deliver testimony to the
(name of nonprofit organization or government board, commission, or task for	rce)
	_ to express the organization's
(bill or resolution number)	
support for / opposition to / request to amend this legislation.  (Please circle one.)	
Printed Name: Mickey Day	
Signature: Mohey Pay	
Date: 3 [18]19	
Organization: Howard Country Volunteer Firefighter	Association
Organization Address: 1940 Mt View Rd Marrio Hoville	, MD 21104
Number of Members: ~ 500	NI NI
Name of Chair/President: Mickey Day	

This form can be submitted electronically via email to <u>councilmail@howardcountymd.gov</u> no later than 5pm the day of the Public Hearing or delivered in person the night of the Public Hearing before testifying.