

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

I,, have been duly authorized by
(name of individual)
Howard County Cifizens Association deliver testimony to the
(name of nonprofit organization or government board, commission, or task force)
County Council regarding 6 39 to express the organization's (bill or resolution number)
support for / opposition to / request to amend this legislation.  (Please circle one.)
Printed Name: Alan Schneider
Signature: Olay Schneide
Date:
Organization: Howard County Cifinens Association
Organization Address: Pob 87 Ellicott City 21041
Number of Members: 500
Name of Chair/President: Stu Kohn

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.



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

I, Leslie Kornreich (name of individual)	, have been duly authorized by
	to deliver testimony to the orce)
0.19	_ to express the organization's
support for / opposition to / request to amend this legislation.  (Please circle one.)	
Printed Name: Leslie Kornreich	
Signature: Alblie Konnuch	
Date: 9/18/19	
Organization: The Peuple's Voice	
Organization Address: 3600 Saint Johns La	ine
Ellicott CHY, MD 210	42
Number of Members: 3251	
Name of Chair/President: LISA MAYKOVITZ	

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