



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

I, Judi Olinger, have been duly authorized by  
*(name of individual)*

iHomes to deliver testimony to the  
*(name of nonprofit organization or government board, commission, or task force)*

County Council regarding CR166-2021 to express the organization's  
*(bill or resolution number)*

support for / opposition to / request to amend this legislation.  
*(Please circle one.)*

Printed Name: Judi Olinger

Date: 11/15/21

Organization: iHomes

Organization Address: 6355 Woodside Ct, Columbia, MD 21045

Number of Members: 7

Name of Chair/President: Daniel Frasco

***This form can be submitted electronically via email to [councilmail@howardcountymd.gov](mailto:councilmail@howardcountymd.gov) 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, DANIEL FRASO, have been duly authorized by  
(name of individual)

HUMANIM, INC. / iHOMES, INC. to deliver testimony to the  
(name of nonprofit organization or government board, commission, or task force)

County Council regarding 166-2021 to express the organization's  
(bill or resolution number)

support for / opposition to / request to amend this legislation.  
(Please circle one.)

Printed Name: DANIEL FRASO

Signature: [Handwritten Signature]

Date: 11-19-2021

Organization: HUMANIM, INC / iHOMES, INC.

Organization Address: 6355 WOODSIDE COURT  
COLUMBIA, MD 21046

Number of Members: \_\_\_\_\_

Name of Chair/President: \_\_\_\_\_

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

I, BRENT LOVELESS, have been duly authorized by  
(name of individual)

PTACHC to deliver testimony to the  
(name of nonprofit organization or government board, commission, or task force)

County Council regarding CB 86, CR 163, CR 166 to express the organization's  
(bill or resolution number)

support for / opposition to / request to amend this legislation.  
(Please circle one.)

Printed Name: BRENT Loveless

Signature: Brent Loveless

Date: 11/15/21

Organization: PTACHC

Organization Address: 5451 Beaverkill Rd Columbia MD 21044

Number of Members: Representing PTA's at all HCPSS sites

Name of Chair/President: Srini Gorantla

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