



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

I, Shawn Simmonds, have been duly authorized by
(name of individual)

The Howard County Public Safety Dispatchers Association to deliver testimony to the
(name of nonprofit organization or government board, commission, or task force)

County Council regarding CB30-2022 to express the organization's
(bill or resolution number)

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

Printed Name: Shawn Simmonds

Signature: _____

Date: 5-16-22

Organization: The Howard County Public Safety Dispatchers Association

Organization Address: PO Box 1991 Ellicott City, Md. 21043

Number of Members: 60

Name of Chair/President: Shawn Simmonds

This form can be submitted electronically via email to councilmail@howardcountymd.gov no later than 2 hours prior to the start of the Public Hearing.