



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

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

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

County Council regarding _____ to express the organization's
(bill or resolution number)

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

Printed Name: _____

Signature: _____

Date: _____

Organization: _____

Organization Address: _____

Number of Members: _____

Name of Chair/President: _____

This form can be submitted electronically via email to 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.