2010 MML LEGISLATIVE REQUEST

Name of Municipality, Chapter or Department submitting request:_____

Contact Person/Title_____

Address/City/State/Zip:_____

Telephone numbers: (Work)_____(Home)_____Email:_____

Please complete this form in its entirety. Attach additional sheets, if necessary, as well as documents related to your request. **LAR FORM MUST BE RETURNED VIA MAIL OR FAX NO LATER THAN FRIDAY, JUNE 26, 2009.**

INTRODUCTION

1. Describe the problem or situation the request is intended to address:

2. Describe the requested legislation:

3. Describe how the requested legislation would remedy the problem:

4. The proposed legislation would address: _____Only your municipality

   ____Only municipalities in your county _____Only statewide municipalities

   _____All counties and municipalities in the entire state

5. Would the proposed remedy have a significant fiscal impact on your municipality?

OVER……

BACKGROUND INFORMATION

1. Could the problem be resolved by something other than a new law, i.e., action by another level of government or changes in administrative procedures?

2. If administrative remedies have already been pursued, what were they and what was the outcome?

3. What other state and/or local agencies, if any, would be affected by this proposal?

4. Have any state agencies been contacted about the proposal? If yes, what was their reaction?

HISTORICAL INFORMATION

1. Has the League considered this proposal in a previous year? If yes, describe any significant changes in circumstances that might improve its chances of success in 2010:

2. Has this request been considered by the General Assembly in prior sessions? If yes, please provide the bill number, year, and outcome of legislation, if known:

3. Has this proposed legislation been implemented by any other city, county or state? If yes, please describe where it has been implemented and cite any existing law or model code upon which the proposal is based:

_____
Signature of authorized municipal, chapter or departmental official

_____
Print name Date

Please return LAR form to:

MML Legislative Committee
1212 West Street
Annapolis, MD 21401
ATTN: Jessica Barnes

Email: jessicab@mdmunicipal.org
FAX: 410-268-7004

Indicate the date of the meeting where the governing body of the municipality, chapter or department endorsed the request:_____.

FORM MUST BE RETURNED NO LATER THAN Friday, June 26, 2009