

Southeastern Regional Planning and Economic Development District

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MA# _____
Office Use

**FY 2019
MUNICIPAL ASSISTANCE
REQUEST FORM**

Name of Commissioner: _____

Name of Community: _____

Project Name: _____

Date Requested: _____

Completion Date: _____

Project Description: _____

_____ **Mayor/Selectmen's Delegate**

_____ **Planning Board Delegate**

Person to contact in my community to answer questions on this request:

Name _____

Phone # _____