COMMERCE

Request to Change Montana Main Street Coordinating Organization or Contact Information

Name of Requestor	
Is this change for the lead contact person? Y/N (Fill out Section A.)	
Is this change for the person responsible for quarterly reporting? Y/N (Fill out Section B.)	
Is this change to the Coordinating Organization? Y/N (Fill out section C.)	
Date Requested	

A. Change to the lead contact person

Former Contact Person Name	
Updated Contact Person Name	
Updated Contact Person Title/Affiliation	
Updated Contact Person Phone Number	
Updated Contact Person Email	
Updated Contact Person Address	

B. Change to Person Responsible for Quarterly Reporting

Former Quarterly Reporting Person	
Updated Quarterly Reporting Person	
Updated Quarterly Reporting Person Email	

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C. Change to the Coordinating Organization

City/Town	
Former Coordinating Organization	
Updated Coordinating Organization	
Updated Coordinating Organization Contact Name	
Updated Coordinating Organization Contact Title/Affiliation	
Updated Coordinating Organization Contact Phone Number	
Updated Coordinating Organization Contact Email	
Updated Coordinating Organization Address	
In 100 words or less, please describe why you are requesting a change to the coordinating organization leading your community's Montana Main Street revitalization efforts.	
What year was your city/town accepted into the Montana Main Street program?	
Was there a community/public meeting to address this formal request to change the coordinating organization? Please describe and attach supplemental documentation (meeting agenda, minutes, etc.). Y/N *Please note that a No answer may delay this request.*	

Certification Signatures. The Mayor, City Manager, or Chief Elected Official (not a commissioner) of the city/town must sign this request if Section C. is completed, along with the new contact person. If only section A or B. is completed, the former contact AND the new contact must sign.

Printed Name		**Printed Name**	
Printed Title		**Printed Title**	
Signature (must be inked)		**Signature (must be inked)**	
Date		**Date**	