

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	



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, 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	
Note: Answering "no" 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	Signature	
(must be inked)	(must be inked)	
Date	Date	