

Howard County Citizens' Election Fund

citizenselectionfund@howardcountymd.gov

COMPLAINT

Name of Individual Filing Complaint: _____

Address: _____

Telephone Number: (H) _____ (M) _____

Email Address: _____

Candidate Who is Subject of Complaint: _____

What section of the County Code was allegedly violated:

Brief Description of Substance of Complaint:

Brief Description of Attachments/Supporting Documentation:

I HEREBY AFFIRM UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF

Signature

Date

Printed Name