

AMENDMENT REQUEST FORM

Date Submitted

REQUESTER INFORMATION

Name Phone E-mail

REQUEST INFORMATION

Bill No. Bill Title

Amendment Sponsor

Hearing Date Date Needed

Name(s) and contact information of individual(s) the drafter is authorized to contact

To Be Offered

Description and Comments

****PLEASE ATTACH ANY ADDITIONAL COMMENTS AND SUPPORTING DOCUMENTS TO THE EMAIL WITH THIS FORM****

EMAIL THIS FORM TO: amendment.office@mlis.state.md.us

Updated: 9/2/2020