

4. Please help update our mailing list by supplying the following information:

Mayor: _____ e-mail address: _____

City/Town Manager: _____ e-mail address: _____

Planning Director: _____ e-mail address: _____

Town/City Clerk: _____ e-mail address: _____

Council/Commission Members:

Planning Commission Members:

On behalf of the Town of _____, I respectfully submit this comprehensive plan annual report to the Office of State Planning Coordination. The information contained in the report is correct and complete.

Signature of Mayor

Date

Printed Name of Mayor