FOR STAFF USE ONLY NO.

COUNTY OF MAUI

Office of the Mayor

Fiscal Year 2017

Community Budget Request

PLEASE PRINT

Name: _____

Email Address: _____ **Phone:** _____

Mailing Address: _____ **City/Zip:** _____

I Represent: ☐ **Myself**
☐ **Organization** _____

Request/Issue: _____

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Funding Request (if known): _____

Responsible County Department: _____