



LETTER OF INTENT

This Letter of Intent is submitted to the Governor's Center for Local Government Services to request technical assistance. By submitting this request, the municipality agrees to cooperate with the Center.

The governing body must approve this request for assistance by motion prior to submission. No resolution is required.

Complete and return the form either by mail or email to ra-dcedclgs@pa.gov. Center personnel will evaluate the request to determine the level of assistance. The contact person designated below will receive all future information regarding this request.

PLEASE COMPLETE THE FOLLOWING

1. TYPE OF TECHNICAL ASSISTANCE BEING REQUESTED:

- | | | |
|---|---|---|
| <input type="checkbox"/> Police Regionalization | <input type="checkbox"/> Council of Governments/
Intergovernmental Cooperation | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Police Management | <input type="checkbox"/> Land Use Planning | <input type="checkbox"/> Administrative/Secretary |
| <input type="checkbox"/> Fire Regionalization | <input type="checkbox"/> Uniform Construction Code | <input type="checkbox"/> Home Rule |
| <input type="checkbox"/> Fire Services | <input type="checkbox"/> Finance | <input type="checkbox"/> Boundary Change |
| <input type="checkbox"/> Emergency Medical Services (EMS) | | <input type="checkbox"/> Other: _____ |

2. ARE YOU CURRENTLY A PART OF ANY INTERGOVERNMENTAL AGREEMENT?

☐ Yes ☐ No

If yes, describe briefly:

3. DESCRIPTION OF PROJECT:

CHIEF ELECTED OFFICIAL (PRINT)

Municipality: _____ Federal ID#: _____

County: _____

Name: _____ Title: _____

Municipal Address: _____

Signature: _____ Date: _____

CONTACT PERSON

Name: _____ Title: _____

Address: _____

Phone: _____

E-mail: _____

SIGNATURE AND VERIFICATION

I hereby certify that the governing body, at a public meeting held on _____, has approved this Letter of Intent.

Attest (Secretary)

Date