

MUNICIPALITY UPDATE FORM

MUNICIPALITY NAME: _____ **DATE:** _____

MAYOR: _____

CLERK: _____

ADDRESS (P.O. BOX & STREET) _____

MONTHLY REPORT CONTACT PERSON: _____

PHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON'S EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

NAME OF SOFTWARE USED FOR QUARTERLY REPORTS:

Please mail to the following address so that we may update our records:

MERS
7937 Office Park Blvd.
Baton Rouge, LA 70809

or fax to: 225-925-4816