

Request to Withdraw Triumph Application

Name of Individual/Entity/Organization: **City of Apalachicola**

Proposal Title: **Port of Apalachicola Improvements/Mgmt**

Contact Information

Primary Contact: **Travis Wade**

Title: **City Manager**

Email address &/or phone number: twade@cityofapalachicola.com (850)653-9319

Name

Date

Signature

Travis Wade

April 12, 2022

