Board or Commission: Capital Project

I, Donald Hemond,
Name *(please print)*

50 Cliff Drive
Street Address Apt #

Bristol RI 02809
City/Town State Zip Code

Mailing Address *(if different than above)* Apt #

City/Town State Zip Code

Primary Phone: [redacted]

Alternate Phone: [redacted]

Email Address: [redacted]

TOWN CLERKS OFFICE
BRISTOL, RHODE ISLAND
2024 APR -5 AM 9:04

☑ do

☐ do not

wish to be considered for reappointment to the above-mentioned Board or Commission.

Donald Hemond
Signature of Applicant

4/5/24
Date Signed