	Board or Commiss	sion: B_0	and of Ten	ants Affairs
I, _	Paula Ferreira Name (please print)			
_	Pristal ty/Town	R State	Apt# Od 809 Zip Code	
	ailing Address (if different than above)		Apt#	
Ci	ty/Town	State	Zip Code	
		-		
	do			
	do not			
wish	to be considered for reappointme	ent to the ab	1	Í
Signa	ture of Applicant		Date Signed	1/24