Board or Commission: Board of Ten Affairs

I, Arthur Medeiros, Name (please print)	
Street Address By 1 5 + 0 RT City/Town State	Apt H1 Apt# 02809 Zip Code
Mailing Address (if different than above)	Apt#
City/Town State	Zip Code
Primary Phone: Alternate Phone:	
Email Address:	
do	
do not	
wish to be considered for reappointment to the above-me	entioned Board or Commission.
Signature of Applicant	Date Signed