Board or Commission:	onservo	L LOSTO F	G1
I, Aufhons Morettini (Name (please print)		2023 1107 14	âil 10: +7
Street Address City/Town	RT State	Apt #  O280  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-m	nentioned Board o	or Commission.
Signature of Applicant		U/3/2 Date Signed	3 TOWN COUNCIL
I			

DEC 0 6 2023

MEETING