Board or Comm	iission: Juvenile He	earing Board
I, <u>Matthew P. Cabral</u> Name (please p		
5 Polk Court Street Address		
Street Address		Apt#
Bristol	Rhode Island	02809
City/Town	State	Zip Code
Mailing Address (if different	than above)	Apt #
	•	•
City/Town	State	Zip Code
Primary Phone:	TOWN COUN	CIL
Alternate Phone:	JAN 1 7 2024	
Email Address:	MEETING	
X do		
do not		
wish to be considered for rea	appointment to the above-	mentioned Board or Commissio
11/11		
		//- 30-23
Signature of Applicant		Date Signed

TOWN COUNCIL

JAN 17 2024

MEETING