MEETING

Board or	Commission: Hay	rbor '	Maste	65A
I, Lavega Mara l Name (please p) (1, print)		•	
Street Address City/Town	RI State	Apt# 02809 Zip Code	_	
Mailing Address (if different	than above)	Apt#	_	IOWN CLE BRSTCL, M
City/Town	State	Zip Code		AM DO LA
Primary Phone: Alternate Phone: Email Address:	JAN 1 7 2024			
do not				
wish to be considered for rea	appointment to the above	e-mentioned Bo	oard or Commissio	n.
Signature of Applicant	January and the second	<u>/2/</u> Date Sign	TOWN CO	
			JAIN T	