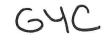
Board or Commission: <u>Juvenile Hearing Board</u> GYC



I, Henry Cabr Name (please print)	<u>-a</u> ,		
Street Address By Stol City/Town	Drive RI State	Apt #	
			2023 DEC
Mailing Address (if different than City/Town	above) State	Apt # Zip Code	
Primary Phone:	TO	WN COUNCIL	9
Alternate Phone: Email Address:		JAN 1 7 2024 MEETING	
do			
do not			
wish to be considered for reapp	pointment to the abor	ve-mentioned Board or Co.	mmission.
Signature of Applicant	\(\)	12-1-23 Date Signed)