Board or Commission: <u>Capital Project</u> Commission GAA

Ι, _	Name (please	1ac Do	10 JCH			
	Street Address BRISTO City/Town	is Ct	State	Apt # Zip Code		
Ĩ	Mailing Address (if differen	t than above)		Apt#	2	
Ō	City/Town	,	State	Zip Code	2023 APR 1	TOWN U
	Primary Phone:	,			100	
	Alternate Phone:				4- (3	<u>8</u> 6
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wish to be considered for reappointment to the above-mentioned Board or Commission.						
Sign	nature of Applicant	7		4.7	-2023	
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