Board or Commission: Planning

, Stephen P. Kastz	<u></u>		
Name (please print) 42 River St. Street Address Bristol	RI	Apt#	
City/Town	State	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	nut to the -1		
wish to be considered for reappointment	ent to the abo		or Commission.
Signature of Applicant		Date Signed	