

Town of Bristol, Rhode Island



Board/Commission Reappointment Interest Form

Section 1: Reappointment Interest

Current Appointment

- Board or Commission Name: WAYPOYSET TRUST

Please check **only one**:

- YES – I WANT to be considered for reappointment**
- NO – I DO NOT WISH to be considered for reappointment**

If you selected **NO**, you may briefly state your reason (optional):

Section 2: Contact Information *(Please print clearly)*

- Full Name: BRYAN LEFFINGWELL
- Street Address: 12 FRIED AVE
- City/Town: Bristol State: RI Zip Code: 02804
- Primary Phone: ☒
- Email Address: B

Section 3: Legal Disclosure

To be considered for reappointment, you must disclose any potentially disqualifying information, including prior arrests or convictions that may affect your eligibility or appointment.

Failure to disclose relevant information may result in the denial or revocation of the appointment. Any disclosed or later-discovered information may require submission of a new **BCI (Background Criminal Investigation)** before reappointment.

By signing below, you acknowledge and understand this requirement.

Section 4: Signature

Signature: 

Date: 1/25/2026