| Board or Commis | ssion: H | DC | |
|--|-------------------|---------------------------------------|-----------|
| I, John M. Allen Name (please print) | , | | |
| 95 Burton St | | | |
| Street Address | | Apt# | |
| Brishol City/Town | RI | 02809 | |
| 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 reappointn | nent to the above | e-mentioned Board or Co | mmission. |
| Som he au | | m = 1 - 1 | |
| Signature of Applicant | | $\frac{06/06/20}{\text{Date Signed}}$ | 24 |