## Board or Commission: Planning Board

I, Michael Sousa Name (please print)	,		
Street Address		Apt#	
Bris to l City/Town	State	OZSO9 Zip Code	
Mailing Address (if different than above)		Apt#	<b>202</b> 4 HAY
City/Town	State	Zip Code	Y 24 - AMII:
Primary Phone:			2
Alternate Phone:			
Email Address:			
☑ do			
do not			
wish to be considered for reappointme	ent to the above	ve-mentioned Board or (	Commission.
1/1/1/		-la= 12.	1
Signature of Applicant		Date Signed	*