## RECEIVED AT MEETING

Board or Commission: Board of Tenants Affairs

I, Orthur Mecloir Name (please print)	OV,	
1014 HOOF SA- Street Address	1-1	Apt #
City/Town	State	Zip Code
Mailing Address (if different than above)		Apt #
City/Town	State	Zip Code
Alternate Phone:		<del>-</del>
<b>U</b> do		
do not		
wish to be considered for reappointment to the above-mentioned Board or Commission.		
Signature of Applicant		Date Signed