

MILFORD BOARD OF SELECTMEN: AGENDA
February 11, 2019 – 7:00PM, ROOM 03, TOWN HALL

Citation – Dispatcher Jason Covino

Citations - Milford Police Officers

Citations - Milford Firefighters

Citation 6th Grade Milford Football Team

A. SIGNING OF WARRANT, APPROVAL OF January 28,2019 MINUTES

B. INVITATION TO SPEAK

C. PUBLIC HEARINGS

D. SCHEDULED APPOINTMENTS

1. 7:00pm Richard's Road House, RE: New Automatic Amusement License
2. 7:05pm Benefits Coordinator, RE Surviving Spouse Health Insurance
3. 7:15pm Town Treasurer, RE: Sale Real Estate Rear Cedar St. & I-495.

E. TOWN ADMINISTRATOR'S REPORT

F. OLD BUSINESS

1. Town Administrator, RE: Police Chief Selection Committee
2. Water Company, RE: Update
3. Town Administrator, RE: Budget Packet

G. NEW BUSINESS

1. Milford Cultural Council, RE: Appointments
2. Town Administrator, RE: Appointment Senior Center Program Coordinator
3. Police Chief, RE: Congress Street, Parking Restriction

H. CORRESPONDENCE

I. EXECUTIVE SESSION

1. Attorney Patrick Holland, RE: Vernon Grove Collective Bargaining
2. Town Treasurer, RE: Discussion and Strategy to Sell Real Estate located at Rear Cedar St. & I-495

The listing of matters above are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.



MILFORD POLICE DEPARTMENT

Thomas J. O'Loughlin
Chief of Police

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 473-5087*
chief@milfordpolice.org

February 7, 2019

TO: RICK VILLANI, TOWN ADMINISTRATOR

FROM: THOMAS J. O'LOUGHLIN, CHIEF OF POLICE

SUBJECT: HEROIC ACTIONS OF DISPATCHER JASON COVINO; OFFICER ELIAS GIOKAS AND OFFICER JONATHAN BRANCH

On Wednesday, February 6, 2019, at 10:50 PM, Dispatcher Jason Covino was on his way home after completing his tour of duty at the Milford Police Headquarters, when he observed a fire at the apartment residence located at 16 North Bow Street.

Dispatcher Jason Covino contacted the Milford Public Safety Dispatch Center and advised them of the fire. Then, without regard for his own personal safety, Dispatcher Covino entered the residence to alert the occupants so that they could safely evacuate. While Dispatcher Covino was banging on apartment doors, Officer Elias Giokas and Officer Jonathan Branch, without regard for their personal safety, entered the residence to assist in alerting the residents to evacuate. When they did not receive a response from any of the apartments, Officer Giokas gained entrance by forcefully kicking or shouldering the door so that they could ensure that everyone had vacated safely. The efforts of Dispatcher Jason Covino, Officer Elias Giokas and Officer Jonathan Branch resulted in the safe evacuation of nine residents.

When the officers were informed that there was a resident unaccounted for who lived in the apartment that was showing the greatest amount of fire, they notified the Fire Department of this information and members of the Milford Fire Department were able to rescue and resuscitate this woman. She was transported to the Milford Regional Medical Center and then she was transferred to the Massachusetts General Hospital.

The selfless actions of Dispatcher Jason Covino, Officer Elias Giokas and Officer Jonathan Branch in reporting the fire, safely evacuating nine residents and directing the Firefighters to save a tenth resident are worthy of recognition and praise.

Sincerely yours,

Thomas J. O'Loughlin
Chief of Police



MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679

508-634-2303

Fax 508-634-2324

www.milford.ma.us.com

LICENSE APPLICATION

(CHECK ONE)

- ☐ APPLICATION FOR A NEW LICENSE
☐ TRANSFER OF AN EXISTING LICENSE
☐ AMENDMENT TO EXISTING LICENSE (Change of operating days/hours, change of location, etc.) describe on reverse

- | | |
|---|---|
| 1. <input type="checkbox"/> AUCTIONEER | 11. <input type="checkbox"/> LIVE ENTERTAINMENT (describe on reverse) |
| 2. <input type="checkbox"/> BOARDING HOUSE | 12. <input checked="" type="checkbox"/> AUTOMATIC AMUSEMENT
(Coin-Operated Games) |
| 3. <input type="checkbox"/> BOWLING ALLEY(S) | 13. <input type="checkbox"/> TRANSIENT VENDORS |
| 4. <input type="checkbox"/> COMMON VICTUALLER | 14. <input type="checkbox"/> CARNIVAL/CIRCUS |
| 5. <input type="checkbox"/> FORTUNE TELLER | Location: _____ |
| 6. <input type="checkbox"/> HAWKERS/PEDDLERS | 15. <input type="checkbox"/> CHRISTMAS TREE SALES |
| 7. <input type="checkbox"/> INNHOLDERS | \$ _____ VALUE OF GOODS |
| 8. <input checked="" type="checkbox"/> POOL TABLES | 16. <input type="checkbox"/> CLASS I (NEW CARS) |
| 9. <input type="checkbox"/> 2 ND HAND/ANTIQUE DEALER | <input type="checkbox"/> CLASS II (USED CARS) |
| 10. <input type="checkbox"/> PAWNBROKER | <input type="checkbox"/> CLASS III (JUNK CARS) - Public Hearing Required
(Describe on Reverse) |
| | 17. <input type="checkbox"/> WORKERS COMPENSATION IF NEEDED |

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME:

RICHARD S ROAD HOUSE

BUSINESS ADDRESS:

67 MADWAY RD MILFORD

DAYS/HOURS OF OPERATION

3-10 MON - THURS. 12-10 PM SAT. CLOS 12-5

(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

NAME OF APPLICANT:

PAUL R. WINSHAWAN

HOME ADDRESS:

27 ELIZABETH RD HOPKINTON

APPLICANT'S SIGNATURE:

PAUL R. WINSHAWAN

DATE:

JAN 30 119

(Individual or Corporate Officer)

The name signed above must be typed or printed on this line

Weekday Telephone Number

(508) 298-4500

APPLICANT'S MAILING ADDRESS:

67 MADWAY RD MILFORD MA 01757

No. & Street

State

Zip

Or

Social Security No. (Voluntary)

Federal Identification No. (Mandatory)

IMPORTANT: Read this section carefully. Provide required information on reverse side.

Additional Information Required:

License # Above

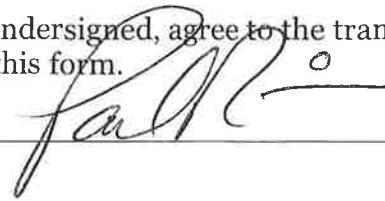
- | | |
|--------------|---|
| 1 | Provide copy of State and/or County Auctioneer's License |
| 3, 8, 12 | Indicate number of alleys, pool tables and number and types of coin-operated games |
| 6, 9, 10, 13 | Request Town By Laws, which states applicant's responsibility |
| 6, 13 | Describe in detail: type, quantity, and cost (to you) of goods to be offered for sale |
| 11 | Describe in detail: type of live entertainment to be licensed |
| 14 | Applicant must request and agree to abide by established policy |

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

TRANSFERS: Proposed new owner should complete application form. Current license holder must sign below, indicating agreement to transfer of license.

I/We, the undersigned, agree to the transfer of existing license(s) to the applicant named on the face of this form.

SIGNATURE



DATE:

JAN 30/18

_____ **AMENDMENTS:** specific changes desired should be explained below in detail.
_____ **LIVE ENTERTAINMENT:** explain below, times and location

2 POOL TABLES
1 BASKET BALL GAME
1 PIN BALL
1 GOLDEN TRK

ADDITIONAL REQUIREMENTS:

*** This application must be returned with all required documents at least two weeks prior to Selectmen's Meeting**

*License will not be issued unless Tax Certification Clause is signed by the applicant.

*License will not be issued unless all local (Town of Milford) taxes and assessments are paid by the business entity and/or all principals involved in the business activity.

*License will not be issued without Workers Compensation Affidavit

*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62A, Section 49A of the Massachusetts General Laws.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bright Agency, Inc 6 Congress St. P.O. Box 424 Milford MA 01757	CONTACT NAME: Kourtney Welch PHONE (A/C, No, Ext): (508) 473-0556 FAX (A/C, No): (508) 478-6709 E-MAIL ADDRESS: kwelech@brightinsurance.com
INSURED Richard's Food & Drink, Inc. 67 Medway Rd Milford MA 01757	INSURER(S) AFFORDING COVERAGE INSURER A: MA Retail Merchants WC Group Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL1913111401**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A		014005033461119	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: RICHARDS FOOD & DRINK INC.

Address: 67 MADWAY RD.

City/State/Zip: MILFORD MA. 01757 Phone #: 508-478-5616

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 3 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: ARGENT INSURANCE

Insurer's Address: 6 CORBRASS STREET

City/State/Zip: MILFORD MA. 01757

Policy # or Self-ins. Lic. # ATTACHED

Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature]

Date: DAV 30/19

Phone #: 508-298-4580

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____


MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.



*(Signature of Individual or Corporate Name (Mandatory))



By Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, c. 62C s. 49A.

SIGN AND RETURN THIS FORM TO:

MILFORD BOARD OF SELECTMEN
52 MAIN STREET
MILFORD, MA 01757

DEPARTMENT HEAD REVIEW FORM

1. The following Applicant: **Richard's Road House**
67 Medway Rd, Milford
2. Has applied for: **New License for Automatic Amusements (5)**
3. Selectmen will take action on: **February 11, 2019**
4. Hearing Continued/Postponed/MGL Deadline: _____
5. Abutters Notified: N/A Published: N/A
6. Inquiry Routed To Dept. Heads: ☒ Please Respond By: **02/06/19**
7. License Approved _____ Denied _____ Tabled _____ On _____

.....
Building Commissioner (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access)

CB Zone, OCC Load 130, Building & Bathrooms are accessible.

Matt Marcotte 2/6/19

Town Planner: (Site Plan Review/Waiver; Other Requirements/Stipulations)_____

Ok, no change in actual use. Larry Dunkin 2/4/19

Tax Collector: (Outstanding Taxes)

No outstanding taxes. Theresa Dias 2/4/19

Town Treasurer: (Outstanding Tax Liens)

None - Chris Pilla 2/4/19

Fire Chief (Information/Comment)

If expecting crowd of 100 or more, must have a certified crowd manager.

Matt Denman 2/4/19

Police Chief (Information/Comment)

No issues or concerns. Thomas O'Loughlin 2/4/19

Criminal Offense Record Info: (CORI) Approved ☐ Disapproved ☐

Board of Health: (Information/comment)

The BOH has no problem with approving a license for Amusement and Pool Tables for this establishment. Paul Mazzuchelli 2/4/19

Sewer Commission: (Information/comment)_____

Milford Water Company: (Information/comment)_____

Commission on Disability: (Information/comment)_____

Applicant: **Richard's Road House**

Dept. Head Signature: _____ Date: **2/06/2019**



TOWN OF MILFORD
Benefits Department

A Division of the Municipal Finance Department

KELLY A. CAPECE

Benefits Coordinator

KARA GEROMINI

Assistant Benefits Coordinator

February 7, 2019

Michael K. Walsh, Chairman
Board of Selectmen
52 Main Street
Milford, MA 01757

RE: T.M. Article - Surviving Spouse insurance contribution rates

Dear Chairman Walsh,

During the February 11, 2019 meeting of the Board of Selectmen, I will be seeking, on behalf of the Insurance Advisory Committee (IAC), a vote of support from your Board on a Town Meeting Article. The Article would adopt M.G.L. c. 32B, § 9D ½, allowing Surviving spouses to continue on the Town of Milford's group health and dental insurance plans at the same contribution rates that were paid prior to the death of an employee or retiree.

Currently, surviving spouses are allowed to remain enrolled in the group plans, but are required to contribute 100% of the premiums.

If supported, I recommend that this provision only include future surviving spouses, and any currently enrolled surviving spouses. Currently, we have 20 surviving spouses enrolled in either health plans, dental plans or a combination of the two. The estimated cost to include these individuals would be approximately \$32k, annually. This cost would be paid out of the health insurance budget, and would not require additional funding.

There is currently a Bill in the State House (H 3295 - Retiree Healthcare Benefits Reform); which if passed, includes a requirement for municipalities to contribute at least 50% toward the premium costs of surviving spouses. However, the IAC would like to move forward with the recommendation to adopt M.G.L. c. 32B, § 9D ½. Additional information was obtained by reaching out to other municipalities; asking what each charged surviving spouses for premium costs. Of the 26 towns surveyed, 22 towns (85%) paid at least 50% of the surviving spouse's costs. I've attached a copy of the survey results for your review.

If you have any questions or would like to discuss this information in further detail, I am available to meet at your convenience.

Respectfully,

A handwritten signature in black ink, reading "Kelly A. Capece". The signature is written in a cursive, flowing style.

Kelly A. Capece
Benefits Coordinator

CC: William D. Buckley, Selectman
William E. Kingkade Jr., Selectman
Richard A. Villani, Town Administrator
Zachary Taylor, Finance Director

Town	Population	Surviving Spouse cost
Attleboro	44,284	50%
Concord	19,830	50%
Danvers	27,849	30%
Dover	5,961	50%
Framingham	71,209	25%
Franklin	33,147	50%
Harwich	12,180	50%
Littleton	9,912	50%
Longmeadow	15,898	100%
Melrose	27,997	30%
Milford	28,614	100%
North Andover	29,721	20%
Northampton	28,540	50%
Randolph	33,699	20%
Rochester	5,494	100%
Rockland	17,832	100%
Shrewsbury	36,805	50%
Stoughton	28,431	50%
Sudbury	18,874	50%
Upton	7,725	50%
Walpole	25,102	50%
Waltham	63,378	10%
Wellesley	29,000	50%
West Springfield	28,693	25%
West Tisbury	2,896	25%
Weston	12,057	35%

Of the 26 towns surveyed:

15.38% or 4 towns charge surviving spouses	100%
50.00% or 13 towns charge surviving spouses	50%
3.85% or 1 town charges surviving spouses	35%
7.69% or 2 towns charge surviving spouses	30%
11.54% or 3 towns charge surviving spouses	25%
7.69% or 2 towns charge surviving spouses	20%
3.85% or 1 town charges surviving spouses	10%
100.00%	

D-3
2/11/19

MEMORANDUM

TO: Michael K. Walsh, Chairman
William D. Buckley
William E. Kingkade, Jr.

CC: Richard A. Villani, Esq., Town Administrator

FROM: Charles D. Boddy, Jr., Town Counsel

DATE: January 10, 2019

RE: Offers to purchase surplus property

Milford Stone Company, Inc. offered to purchase the following two parcels of surplus vacant land from the Town for the current assessed values. A direct disposition is possible for both of these parcels under G.L. c. 30B due to the low value of these parcels. Copies of the offers are attached for your consideration.

The Town may vote to reject or accept the offer. The Town could consider auctioning these parcels or selling them through either an invitation for bids or a request for proposals. As the parcels lack access or frontage on a public way (are land-locked), there will likely be very little interest in purchasing them except from an abutter.

I recommend that if the Selectmen wish to either accept or reject the offer, that it be done in open session. If, on the other hand, the Selectmen want to consider other means of disposal/sale, or consider a counter-offer, that can and should be done by roll-call vote in executive session. Please note that the assessed value on Parcel 16-0-2 is \$14,800.00, and we should probably request the assessed value on that parcel rather than accept the tendered offer.

<u>ADDRESS</u>	<u>MAP/BLOCK/LOT</u>	<u>PROPERTY</u>	<u>ASSESSSED VALUE</u>	<u>OFFER</u>
<u>DESCRIPTION</u>	<u>ZONING DISTRICT</u>			
Rear Cedar Street	16-0-2	RD 1.400 acres of vacant land	\$14,800	\$14,300
I-495	29-0-4	IB 1.400 acres of vacant land	\$14,700	\$14,700



100 Medway Road, Milford, MA 01757

Tel. 508-473-2600

Email: tonypinto7@hotmail.com

February 4, 2019

Charles Boddy
Town Of Milford
52 Main Street
Milford, MA 01757

RE: Offers to Purchase for 3 Lots of land locked land Milford, MA

Presently identified on Milford assessors Map 29-0-4 \$14,700.00

Presently identified on Milford assessors Map 16-0-2 \$14,300.00

Presently identified on Milford assessors Map 19-0-15 \$39,900.00

Dear Charles:

On Behalf of Milford Stone Company Inc., I would like to formally submit an offer to purchase the above referenced property. The offer is in the amount of **\$68,900.00** for the Three parcels above. This sale will benefit the Town of Milford for future tax revenue. I think this is an excellent opportunity for the Town of Milford and all of those involved. I would welcome your feedback at you earliest convenience. Please review this Offers to Purchase and contact me to discuss it in more detail.

Sincerely,

A handwritten signature in blue ink, appearing to read "Antonio L. Pinto", is written over a light blue circular stamp.

Antonio L. Pinto

OFFER TO PURCHASE

APPROXIMATELY 7.99 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 7.99 acres of land Identified as Map 19-0-15

Price: \$39,900.00 ("Purchase Price") as follows:

5. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
6. \$34,900.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be to the Purchase Price at closing.

Property Information: 7.99 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19

OFFER TO PURCHASE

APPROXIMATELY 1.4 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 1.4 acres of land Identified as Map 29-0-4

Price: \$14,700.00 ("Purchase Price") as follows:

1. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
2. \$9,700.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be applied to the Purchase Price at closing.

Property Information: 1.4 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19

OFFER TO PURCHASE

APPROXIMATELY 1.4 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 1.4 acres of land Identified as Map 16-0-2

Price: \$14,300.00 ("Purchase Price") as follows:

3. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
4. \$9,300.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be applied to the Purchase Price at closing.

Property Information: 1.4 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19



100 Medway Road, Milford, MA 01757

Tel. 508-473-2600

Email: tonypinto7@hotmail.com

February 4, 2019

Charles Boddy
Town Of Milford
52 Main Street
Milford, MA 01757

RE: *Offers to Purchase for 3 Lots of land locked land Milford, MA*

Presently identified on Milford assessors Map 29-0-4 \$14,700.00

Presently identified on Milford assessors Map 16-0-2 \$14,300.00

Presently identified on Milford assessors Map 19-0-15 \$39,900.00

Dear Charles:

On Behalf of Milford Stone Company Inc., I would like to formally submit an offer to purchase the above referenced property. The offer is in the amount of **\$68,900.00** for the Three parcels above. This sale will benefit the Town of Milford for future tax revenue. I think this is an excellent opportunity for the Town of Milford and all of those involved. I would welcome your feedback at you earliest convenience. Please review this Offers to Purchase and contact me to discuss it in more detail.

Sincerely,

A handwritten signature in blue ink, appearing to read "Antonio L. Pinto", is written over a light blue circular stamp.

Antonio L. Pinto

OFFER TO PURCHASE

APPROXIMATELY 1.4 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 1.4 acres of land Identified as Map 29-0-4

Price: \$14,700.00 ("Purchase Price") as follows:

1. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
2. \$9,700.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be applied to the Purchase Price at closing.

Property Information: 1.4 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19

OFFER TO PURCHASE

APPROXIMATELY 1.4 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 1.4 acres of land Identified as Map 16-0-2

Price: \$14,300.00 ("Purchase Price") as follows:

3. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
4. \$9,300.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be applied to the Purchase Price at closing.

Property Information: 1.4 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19

OFFER TO PURCHASE

APPROXIMATELY 7.99 ACRES OF LAND
MILFORD, MA 01757

Buyer: Milford Stone Company Inc.
9 Pinehill Road, Southborough, MA 01772

Seller: Town of Milford

Premises: 7.99 acres of land Identified as Map 19-0-15

Price: \$39,900.00 ("Purchase Price") as follows:

5. \$5,000.00 initial deposit ("Initial Deposit") to be delivered in escrow upon the execution of the Purchase and Sale agreement.
6. \$34,900.00 delivered in cash or certified check at closing

The Deposit held by a mutually agreeable escrow company, shall be to the Purchase Price at closing.

Property Information: 7.99 Acres of land locked land.

Purchase and Sale Agreement: Upon acceptance of this Offer to Purchase, Buyer and Seller will use diligent efforts to enter into a mutually satisfactory Purchase and Sale Agreement within Ten (10) days following the acceptance of the Offer to Purchase.

If the Seller is in agreement with the terms and conditions of this Offer to Purchase, please have the appropriate individual(s) so indicate by signing in the space provided below and returning two (2) fully executed counterparts of this document which when fully executed shall constitute a binding agreement by Seller to sell the premises to Buyer on the terms and conditions set forth herein.

Agreement to and accepted by:

SELLER:

By: _____

Title: _____

Date: _____

BUYER:

By:  _____

Title: _____

Date: 2-4-19

F-3
2/11/19



**TOWN OF MILFORD, MASSACHUSETTS
OFFICE OF THE TOWN ACCOUNTANT**

ZACHARY A. TAYLOR
FINANCE DIRECTOR

THOMAS BROWN
ASSISTANT ACCOUNTANT

TOWN HALL
52 MAIN STREET, ROOM 19
MILFORD, MASSACHUSETTS 01757

Telephone (508) 634-2309
Fax (508) 634-2324
E-Mail ztaylor@townofmilford.com

February 7, 2019

Mike K. Walsh, Chairman

RE: Budget Directive Memo

Dear Chairman Walsh,

Following my presentation at the January 28th, 2018 Board of Selectmen meeting regarding anticipated revenue and expenses and potential fiscal goals and objectives, I would like to seek your approval on the attached operational budget directive for FY2020. This directive has been carefully crafted base on input from both the Finance Committee and your Board. It is consistent with past years and more importantly realistic while maintain adequate room for none operational budget cost. It is my hope to distribute the budget package to all departments and municipal boards on Thursday February 14th 2019. This will result in our being perfectly in line with the approved Budget Timeline.

Thank you
Zachary Taylor



**TOWN OF MILFORD, MASSACHUSETTS
OFFICE OF THE TOWN ACCOUNTANT**

ZACHARY A. TAYLOR
FINANCE DIRECTOR

THOMAS BROWN
ASSISTANT ACCOUNTANT

TOWN HALL
52 MAIN STREET, ROOM 19
MILFORD, MASSACHUSETTS 01757

Telephone (508) 634-2309
Fax (508) 634-2324
E-Mail ztaylor@townofmilford.com

TO: Municipal Boards, Committees, and Departments
FROM: Zachary A. Taylor, Finance Director
SUBJECT: Fiscal Year 2020 Budget Package
DATE: February 14, 2019

The Town of Milford is beginning our annual budgeting process for the upcoming 2020 FY. This email will provide you with all the information you need to submit your departmental budget request. Attached to this email you should find the following documents: A Budget Input Form, a Personal Services Spreadsheet (if applicable), a calendar showing the number of working days in FY 2020, a memo from the Personnel Board and, a "Request for New Employee" worksheet (explained in more detail below). All of the attached budgeting forms have been customized for your department. Please do not change the formulas contained in the excel spreadsheets and do not modify the prior year budgeting information. When entering budget numbers please round all values to the nearest whole number. If you receive the Personal Services Spreadsheet, 2 copies will be included. One copy will contain FY 2019 budgeting numbers for you to use as a point of reference. The other copy will be blank for you to fill out with your FY 2020 numbers.

The Fiscal Year 2020 budget directive is as follows; General Expense budgets must be level funded. Departments should build their Personal Services budget to reflect current known contractual rates. Departments that have expiring collective bargaining contracts should use the last rates of the expired contract if the new contract is not signed prior to the budget submission deadline. Departments that may be subject to this situation may be required to supplement their budget through an article, at a future Town Meeting, once the collective bargaining contract has been signed and approved. Those Departments that fall under the Personnel Board should use a 2.5% increase over FY2019 figures as voted by the Personnel Board (memo attached).

In a continued attempt to enhance policies and procedures, you will find attached, a worksheet to be used when requesting additional staff. All requests should first be forwarded to the Town Administrator and Finance Director for review and input. The completed worksheet should then be sent to the hiring authority & your Fin Com Sub-Committee for consideration to be included in your budget request now or in the future. This worksheet will be required to be completed and

approved by the hiring authority and Finance Committee prior to inclusion on your budget input sheet. This policy is meant to update the Town's internal controls, enhance communication, and assist in financial planning. This policy should not be viewed simply as an invitation to increase staffing levels.

Please be aware that the Town has many financial goals and objectives in the short and long-term to financially plan. The most advantageous method to do so is to control the operational budget growth. I ask that all departments review past and present spending patterns and look for ways to create savings and budget reductions whenever possible.

All budgets must be reviewed by your Finance Committee / Sub-Committee. After your departmental budget has been approved please email your final Budget Input Form to tbrown@townofmilford.com in the accounting office no later than **March 15, 2019**. Make sure to save a copy to your computer before emailing it. If you have any questions please contact the Accounting Office.

Town of Milford, MA
Budget Input Sheet FY 2020

Account	Description	2018 Actual Expended	2019 Original Budget	2020 Proposed Budget
Dept 153: Human Resources				
<u>Salaries & Wages</u>				
153-5110	Salaries & Wages	\$0	\$85,560	\$ -
	Total Salaries & Wages	<u>\$0</u>	<u>\$85,560</u>	<u>\$0</u>
<u>General Expenses</u>				
153-5420	Supplies	\$0	\$3,000	\$0
153-5710	Oth Chgs: In-State Travel	\$0	\$500	\$0
153-5730	Oth Chgs: Dues/Subscriptn/Mtgs	\$0	\$500	\$0
153-5780	Unclassified: Miscellaneous	\$0	\$1,000	\$0
	Total General Expenses	<u>\$0</u>	<u>\$5,000</u>	<u>\$0</u>
Dept 153: Total Budget		<u>\$0</u>	<u>\$90,560</u>	<u>\$0</u>

Status	Union or PB	Last/ First Name	Position Description	Step on Wage Schd	Annual Sal or Hrly Rate as of 7/1/18	#Days/Hrs at Ea Rate	Total base wages at each Rate FY2019	Longevity \$ value	Stipend description	Stipend: Totals	Total wages for FY 2019	Overtime if applicable	Budget Request for FY 2019
PB		Giffin, Maureen	Human Resources	II - 8	\$ 85,560.00 \$ -	1 -	85,560.00 -				85,560.00 -		85,560.00 -
Sub-Total Each Page							85,560.00	0			85,560.00	0	85,560.00
Grand Total Final Page ----->													85,560.00

Page __ of __
Budget worksheet.xls

KEY	
White =	enter alpha information
Yellow =	enter Numerical Information
Green =	Auto Formulated do not enter

review comment on M-1 for help with OT calc

Town of Milford						PERSONAL SERVICES SUMMARY			
Prepared by: _____						Budget#: 153		Department: Human Resources	
POSITION TITLE AUTHORIZATION		NUMBER OF POSITIONS FUNDED		FY-20 SALARY RANGE		FY-19 BUDGET AMOUNT	FY-20 REQUEST AMOUNT	FY-20 INCREASE/DECREASE	
		FY-19	FY-20	LOW	HIGH			AMOUNT	PERCENT
Permanent Full Time Salaries									
Maureen Giffin						-	-	-	#DIV/0!
						-	-	-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
Permanent Part Time Salaries									
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
<div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div>						-	-	-	#DIV/0!
LESS:									
Other Funding Sources									
Total Appropriation (___-5110):									
Please indicate cost in addition to regular salaries/wages included in cost of labor									
Line Account H/C Amount				Other: (describe below) Line Account H/C Amount					
Longevity Pay									
Clothing Allowance									
Stipends									
Holiday									
Education									
Comments:									

Town of Milford						PERSONAL SERVICES SUMMARY			
Prepared by: _____						Budget#: 153		Department: Human Resources	
POSITION		NUMBER OF POSITIONS FUNDED		FY-19 SALARY RANGE		FY-18 BUDGET	FY-19 REQUEST	FY-19 INCREASE/DECREASE	
TITLE	AUTHORIZATION	FY-18	FY-19	LOW	HIGH	AMOUNT	AMOUNT	AMOUNT	PERCENT
Permanent Full Time Salaries									
Maureen Giffin						-	85,560.00	85,560.00	#DIV/0!
						-	-	-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
Permanent Part Time Salaries									
								-	#DIV/0!
								-	#DIV/0!
								-	#DIV/0!
							85,560.00	85,560.00	#DIV/0!
LESS: Other Funding Sources									
Total Appropriation (___-5110):							85,560.00		
							85,560.00		
Please indicate cost in addition to regular salaries/wages included in cost of labor									
Line Account H/C Amount				Other: (describe below) Line Account H/C Amount					
Longevity Pay									
Clothing Allowance									
Stipends									
Holiday									
Education									
Comments:									

<u>Hrs per wk</u>	<u>Hrs per day</u>	<u>Hrs per year</u>
40	8	2096
35	7	1834
30	6	1572
25	5	1310
20	4	1048
19	3.8	996
15	3	786

Monday – Friday 262 Days

July 1, 2019 132 in 2019 + 130 in 2020 June 30, 2020 =262



Milford Personnel Board

52 MAIN STREET, MILFORD, MA 01757
WWW.MILFORDMA.GOV

January 16, 2019

Milford Board of Selectmen

Town Hall – 52 Main Street

Milford, MA 01757

Attn: Mr. Richard A. Villani, Town Administrator

Re: Article 2

Dear Mr. Villani:

Please be advised that at the Personnel Board meeting of January 9, 2019, they unanimously voted on a 2.5% increase for all Article 2 employees for FY20.

Board Clerk, Liz Fernandes will forward a revised Article 2 to Zachary Taylor.

If you have any questions please do not hesitate to contact me at s.e.harrison@gmail.com or (508) 397-6372.

Sincerely,

Scott Harrison, Chairman

Cc: Zachary Taylor, Finance Director

Chris Morin, Finance Committee

Files

Request for New Employee

Please complete this form when requesting to hire any staff or requesting a change in current staffing, include as much detail as possible.

Job Title: (ex: Office Coordinator) _____

Department/Office: _____

Supervisor: _____

Hiring Contact: (if other than the supervisor) _____

Position Status and work schedule

(Check one)

☐ Full-time Regular

☐ Part-Time Regular

☐ Temporary

Type of position

☐ New:

Please indicate below why this position is needed. (Please include further justification attachment)

Duties & Essential Functions: _____

Benefit to Department: _____

Benefit to Public: _____

☐ Change(s) to the existing position: _____

Funding Source

☐ Grant: Please include a copy of the grant award: _____

☐ Budget Impact. Please include benefits, furniture, equipment, supplies and any other anticipated expenses:

Office Assignment

Indicate building and room number: _____

Recruitment Plan

If approved, this position will be posted internally for at least one week.

Ideas for advertising this position externally:

Web sites: _____

Newspapers: _____

List serves: _____

Other: _____

Supervisor Approval: _____ Date: _____

Department Head Approval: _____ Date: _____

If approved, the Hiring Authority will then begin the recruitment process and contact the requestor.

Please indicate the anticipated date employee would begin working:

Anticipated date of hire: _____

Classification:

☐ Exempt: hiring range _____

☐ Non-Exempt: hourly pay rate _____

Finance Director Review:

Town Administrator Review:

Board of Selectman Review:

Approved

☐

Denied

☐

G-3
02/11/19



MILFORD POLICE DEPARTMENT

Thomas J. O'Loughlin
Chief of Police

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 473-5087*
chief@milfordpolice.org

February 6, 2019

TO: RICHARD VILLANI, TOWN ADMINISTRATOR

FROM: THOMAS J. O'LOUGHLIN, CHIEF OF POLICE

SUBJECT: PARKING RESTRICTION AT 6 CONGRESS STREET – BRIGHT INSURANCE

Mr. Steven Ellis from Bright Insurance has requested that a 15 minute parking restriction be placed on the two spaces in front of Bright Insurance on Congress Street just south of the crosswalk and HP space.

I believe that this is a reasonable measure to allow customers going to Bright Insurance to park for a short duration of time to conduct their business and then leave so that the space can be utilized by another customer. This approach has been utilized in Milford at those businesses that have a high volume of patrons who are present for a limited duration of time (i.e. Bill's Pizza; Charlie's Mini Mart; Central St. Barber Shop).

Sincerely yours,

A handwritten signature in blue ink, appearing to be "TJ O'Loughlin", written over a horizontal line.

Thomas J. O'Loughlin
Chief of Police