

**MILFORD SELECT BOARD: AGENDA**  
**June 13, 2022 – 6:00 PM, ROOM 03, TOWN HALL**

**CITATIONS- Milford Auxiliary Police**

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, May 16, 2022**  
**EXECUTIVE SESSION Minutes, May 16, 2022**
- B.) INVITATION TO SPEAK**  
**Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/yddsuz> Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the “Public Hearing/Invitation to Speak.”**
- C.) PUBLIC HEARINGS**
1. 6:00 PM 99 West, LLC dba 99 Restaurant & Pub, re: Change of Manager
  2. 6:05 PM Turtle Blessed, LLC dba TD’S Pub, re: Entertainment License, Transfer of Common Victualler All Alcoholic Beverages License, Pledge of License, Transfer of Common Victualler License and Transfer of Automatic Amusement License
  3. 6:10 PM Marchegiano Club, Inc., re: Amendment to All Alcoholic Beverages Club License- Change of Officers/ Directors
- D.) SCHEDULED APPOINTMENTS**
1. Veteran’s Council, re: Update
  2. Downtown Revitalization Committee, re: Update
- E.) TOWN ADMINISTRATOR’S REPORT**
- F.) OLD BUSINESS**
1. Amazon, re: Update
- G.) NEW BUSINESS**
1. Police Chief, re: No Parking Signs-Baker Slip
  2. Milford 4<sup>th</sup> of July Committee, re: Acceptance of Gifts (6)
  3. Veteran’s Advisory Council, re: Resignation
  4. MetroWest Regional Transportation Authority, re: Designee to Advisory Board
  5. Building Commissioner, re: Department Re-organization
  6. Town Administrator, re: New Kennel License Application
  7. Town Administrator, re: Comprehensive Maintenance and Support System for HVAC- Award of Contract
  8. Plains Reunion Association, re: One Day Liquor License
  9. Cultural Council, re: resignation
  10. Zoning Board of Appeals, re: Resignation
  11. Town Administrator, re: Appointments/Reappointments
- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**

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**

**James F. Falvey**  
*Chief of Police*

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250 Main Street \* Milford, MA 01757 \* Tel. (508) 473-1113 \* Fax (508) 473-5087

TO: Richard Villani, Esq., Town Administrator  
FROM: James F. Falvey, Chief of Police  
DATE: June 1, 2022  
RE: Milford Auxiliary Police Force

Dear Mr. Villani,

Due to recent changes in legislation in the Massachusetts Police Reform I regrettably have to discontinue the current Auxiliary Police Force on June 30, 2022. Despite having a wonderful group of men and women who have been highly trained over the years, changes in the law prohibit current members from being recertified as special police officers or even being eligible to attend bridge academies for full time certification. Current members and past members were dedicated and volunteered many hours over the years. They proudly served this community in performing at many events for the town and a large number of community organizations providing huge savings to the town and local civic organizations. In addition many of them volunteered in soliciting food donations for the local Food Pantry every year just before Thanksgiving for several years now.

All the men and women who served this unit have my utmost respect. I sincerely thank all for the dedicated service to the Milford Community. They will be missed very much.

I respectfully request that I be allowed to bring all the current members to the next available Select Board's meeting to thank and honor them for their dedicated service.

Sincerely,

James F. Falvey  
Chief of Police  
Town of Milford

C-1  
6-13-22

### DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **99 West, LLC dba 99 Restaurant & Pub**  
2. Address: **196B E Main Street**  
Assessors ID#: **Map 32 Block 98 Lot 17D Zone IC**

3. Has applied for: **Amendment to Common Victualler All Alcoholic Beverages License-Change of Manager**

4. Selectmen will take action on: **Monday June 13, 2022**  
5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_  
6. Abutters Notified: **N/A** Published: **N/A**  
7. Inquiry Sent To Dept. Heads on: **6/2/2022**  
8. Please Respond By: **6/8/2022**  
9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IC Zone, allowable use, occupant load 176, building and restrooms are accessible.**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations) **Ok-no change of actual use**

**Tax Collector:** (Outstanding Taxes) **No outstanding taxes**

**Town Treasurer:** (Outstanding Tax Liens) **None**

**Fire Chief:** (Information/Comment) **No objections**

**Police Chief:** (Information/Comment) **No issues**

Criminal Offense Record Info: (CORI) Approved  Disapproved

**Board of Health:** (Information/comment) **No violations**

**Dept. Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name/Manager:** Christopher Fucci **D.O.B.** **SS #**

**Phone:** 508-735-3760 **e-mail:** bos10fan4life@aol.com



C-2  
6-13-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Turtle Blessed, LLC dba TD'S PUB**
2. Address: **68 Water Street**  
Assessors ID#: **Map 49 Block 0 Lot 43 Zone RA**
3. Has applied for: **ENTERTAINMENT LICENSE, TRANSFER OF COMMON VICTUALLER ALL ALCOHOLIC BEVERAGES LICENSE, PLEDGE OF LICENSE, TRANSFER OF COMMON VICTUALLER LICENSE, TRANSFER OF AUTOMATIC AMUSEMENT LICENSE, FROM GALWAY MILFORD, INC. D/B/A TD'S PUB**
4. Selectmen will take action on: **Monday June 13, 2022**
5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
6. Abutters Notified: \_\_\_\_\_ Published: **5/31/2022**
7. Inquiry Sent To Dept. Heads on: **6/2/2022**
8. Please Respond By: **6/8/2022**
9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **RA Zone, pre-existing non-conforming use, occupant load 95, building and restrooms are not accessible**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations) **OK-no change of actual use**

**Tax Collector:** (Outstanding Taxes) **No outstanding taxes**

**Town Treasurer:** (Outstanding Tax Liens) **None**

**Fire Chief:** (Information/Comment) **No objections**

**Police Chief:** (Information/Comment) **No issues**

Criminal Offense Record Info: (CORI) Approved  Disapproved

**Board of Health:** (Information/comment) **No violations**

**Dept. Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Contact Name/Manager:** *Joan Rich* **D.O.B.** **SS #**

**Phone:** 508-310-3655 **e-mail:** *jjbrods@gmail.com*



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**APPLICATION FOR A TRANSFER OF LICENSE**

Municipality

**1. TRANSACTION INFORMATION**

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

**2. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

**3. BUSINESS ENTITY INFORMATION**

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone  Email

Add'l Phone  Website

**4. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

68 Water St., Milford, MA., first floor; bar and dining area, kitchen, two restrooms, walk-in cooler and open porch, two entrances/exits on Water St., rear entrance/exit

Total Sq. Footage	<input type="text" value="3,651"/>	Seating Capacity	<input type="text"/>	Occupancy Number	<input type="text" value="95"/>
Number of Entrances	<input type="text" value="3"/>	Number of Exits	<input type="text" value="3"/>	Number of Floors	<input type="text" value="1"/>

**APPLICATION FOR A TRANSFER OF LICENSE**

**5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

Transferor Entity Name  By what means is the license being transferred?

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
<input type="text" value="Dana R. Larson"/>	<input type="text" value="President/Treasurer"/>	<input type="text" value="100"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLC Members, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises(Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Joan Rich"/>	<input type="text"/>	<input type="text" value="001 04 0200"/>	<input type="text"/>
<b>Title and or Position</b>	<b>Percentage of Ownership</b>	<b>Director/ LLC Manager</b>	<b>US Citizen</b>
<input type="text" value="Member"/>	<input type="text" value="100"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>MA Resident</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Title and or Position</b>	<b>Percentage of Ownership</b>	<b>Director/ LLC Manager</b>	<b>US Citizen</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>MA Resident</b>			
<input type="radio"/> Yes <input type="radio"/> No			
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Title and or Position</b>	<b>Percentage of Ownership</b>	<b>Director/ LLC Manager</b>	<b>US Citizen</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>MA Resident</b>			
<input type="radio"/> Yes <input type="radio"/> No			
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Title and or Position</b>	<b>Percentage of Ownership</b>	<b>Director/ LLC Manager</b>	<b>US Citizen</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>MA Resident</b>			
<input type="radio"/> Yes <input type="radio"/> No			



**APPLICATION FOR A TRANSFER OF LICENSE**

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)**

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

**6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	



## APPLICATION FOR A TRANSFER OF LICENSE

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

### 7. CORPORATE STRUCTURE

Entity Legal Structure

LLC

Date of Incorporation

10/18/2021

State of Incorporation

Massachusetts

Is the Corporation publicly traded?

Yes

No

### 8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

JM Reality, LLC

Landlord Phone

508-310-3655

Landlord Email

jjbrods1@gmail.com

Landlord Address

68 Water Street, Milford, MA 01757

Lease Beginning Date

Rent per Month

\$1,500.00

Lease Ending Date

Rent per Year

\$18,000.00

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes

No

### 9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

Joan Rich

Phone:

508-310-3655

Title:

President/Treasurer

Email:

jjbrods1@gmail.com

**APPLICATION FOR A TRANSFER OF LICENSE**

**10. FINANCIAL DISCLOSURE**

A. Purchase Price for Real Estate	\$400,000.00
B. Purchase Price for Business Assets	\$275,000.00
C. Other* (Please specify)	\$10,000.00
D. Total Cost	\$685,000.00

\*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

**SOURCE OF CASH CONTRIBUTION**

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Joan Rich	\$30,000.00
Total:	\$30,000.00

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
DF Holding, LLC	\$380,000.00	Promissory Note/Mortgage	<input type="radio"/> Yes <input checked="" type="radio"/> No
Galway Milford, Inc.	\$275,000.00	Promissory Note/Mortgage	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

See Additional Information.

**11. PLEDGE INFORMATION**

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

Please indicate what you are seeking to pledge (check all that apply)  License  Stock  Inventory

To whom is the pledge being made?

GALWAY MILFORD, Inc.

## 12. MANAGER APPLICATION

### A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

Please indicate how many hours per week you intend to be on the licensed premises

### B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?\*  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime?  Yes  No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

### C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
04/01/1994	11/01/1995	Administrative	American Credit Indemnity	
03/12/1996	08/01/2003	Server	Bossy's Catering	
03/05/2019	08/01/2021	Server	N.E. Steak and Seafood	
08/01/2021	03/01/2022	Server	Coachmen's Lodge	

### D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature  Date

C-3  
6-13-22

**DEPARTMENT HEAD REVIEW FORM**

- 1. Name of Business: **Marchegiano Club, Inc.**
- 2. Mailing Address: **60 Meade Street**  
Assessors ID#: **Map 42 Block 0 Lot 216 Zone RB**
- 3. Has applied for: **Amendment to Annual All Alcohol Club License-  
Change of Officers/Directors**
- 4. Selectmen will take action on: **Monday June 13, 2022**
- 5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
- 6. Abutters Notified:   N/A   Published:   N/A
- 7. Inquiry Sent To Dept. Heads on: **6/1/2022**
- 8. Please Respond By: **6/6/2022**
- 9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

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**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **RB zone, legal pre-existing non-conforming use, occupant load 150 Main Hall, 40 in basement. Building is not accessible**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations) **OK-no change of actual use**

**Tax Collector:** (Outstanding Taxes) **No outstanding taxes**

**Town Treasurer:** (Outstanding Tax Liens) **None**

**Fire Chief:** (Information/Comment) **No objections**

**Police Chief:** (Information/Comment) **No issues**

Criminal Offense Record Info: (CORI) Approved  Disapproved

**Board of Health:** (Information/comment) **No Violations**

**Dept. Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Contact Name/Manager:** *Robert Allegrezza D.O.B. SS #*

**Phone:** 508-326-0077 **e-mail:** sam58@comcast.net



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**APPLICATION FOR AMENDMENT**  
**-Change of Officers, Stock or Ownership Interest**

**Change of Officers/ Directors/LLC Managers**     **Change of Stock Interest**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Change of Ownership Interest**

(e.g. LLC Members, LLP Partners, Trustees etc.)

- Payment Receipt
- Monetary Transmittal
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Non-Profit Club Change of Officers/ Directors**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

**Management Agreement**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Vote of Entity
- Management Agreement

*\*If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
MARCHEGIANO CLUB INC.	MILFORD	00026-CL-0706

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

UPDATE THE OFFICERS OF THE MARCHEGIANO CLUB INC.

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
JAMES T. SANCHIONI	SECRETARY	JSANCHIONI@COMCAST.NET	5084739699

**APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest**

**2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises(Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
<b>ROBERT ALLEGREZZA</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
PRESIDENT	3.45%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>ALFRED PIGHETTI</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
VICE PRESIDENT	3.45%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>JAMES T. SANCHIONI</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
SECRETARY	3.45%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>ANTHONY TAMAGNI</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
TREASURER	3.45%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

Has any individual listed in question 2, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

**MANAGEMENT AGREEMENT**

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes  No

D-1  
6-13-22

PANEL	NAME	INCORRECT	ILLEGIBLE/MISSPELLED	NOTES
43	CICCARELLI, SAMUEL J.		ILLEGIBLE	
160	DILORETO, ANTONIO		ILLEGIBLE	
160	DILORETO, EMIDIO		ILLEGIBLE	
46	GIULIANI, LOUIS	GUILIANI, LOUIS	ILLEGIBLE/MISSPELLED	CONFIRMED THROUGH CENSUS (TOWN CLERK)
149	MATOS, AURELIO		ILLEGIBLE	
53	McCARTHY, FRANCES V		ILLEGIBLE	
153	SMALL, JOSEPH G.		ILLEGIBLE	
105	O'CONNELL, JR. CLARENCE F		ILLEGIBLE	NO DD-214
94	LUCIER, OMER F.		ILLEGIBLE	
107	LUCHINI, LOUIS		ILLEGIBLE	
1	DiDOMENICO, ANGLEO S			NO DD-214
22	DACOSTA, LEONEL C	DeCOSTA, LEONELL C.	MISSPELLED	
31	NELSON, ERIK R II	NELSON, ERIC R II	MISSPELLED	



Three names to add to the Black Granite are:

Walter Franklin Howe	Jan 8 1944	(Place on the Jan 1944 Stone)
Diamantino Moreira Lopes	Feb 3, 1943	(Could go on April 43 stone)
William Edward Zepf	June 17 1968	(Could go on the Aug 1968 stone)

World War II List            Total 16

ALBERTO	FRANCESCO	N
CIFIZZARI	JAMES	F
FERRUCCI	SALVATORE	R
GRILLO	HENRY	A
GRUDINSKY	VINCENT	A
MASULLO	LUIGI	
MC CALLUM	GEORGE	W
MENZELLA	FRANK	E
MORGANELLI	PETER	J
OSTERMAN	HENRY	S
PERDONI	LOUIS	P
SEETO	SAM	Y
SWANSON	PAUL	V
TOMASSINI	RAYMOND	

KoreanWar Total 60

Areano, Anthony V	good	Gardner, James W	good
Benoit, George N	good	Geary, David P	good
Bishop, John F	good	Giardini, Armando J	good
Bowley, Melvin F	good	Guiliani, Vincent I	good
Bradnick, Walter C	good	Guiliani, Louis J	good
Busch, leo J	good	Goodnow, Frederick R	good
Canon, Earl G	good	Hayes, William R	good
Casali, Alfred S	good	Lynch, David J	good
Cecere, Rocco J	good	Malmquist, Lester R	good
Chapman, Silas S	good	Mc Daniel, Pauline B	good
Cicciu, Joseph C	good	Mitchell, John	good
Clark, Albert K	good	Moriarty, David M	good
Clements, George H	good	Morin, Leon R	good
Collins, Richard D	good	Morse, Charles I	good
Colony, Laurence D	good	Mullin, Francis T	good
Coniaris, William	good	Murray, Herbert F	good
Connolly, Joseph E	good	Nudd, Fredericxk G	good
Consoletti, Enrico A	good	Paradiso, john	good
Cosetta, Andres R	good	Peters, Joseph R	good
Creasia, Luigie	good	Ray, Gordon P	good
Davis, Dana L	good	Ring, Frederick J	good
Di Flumera, Joseph J	good	Roveedo, Mario A	good
Di Giacomo, Joseph	good	Shaw, Richard B	good
Duffy, Ross	goof	Smith, Sidney B	good
Dyke, Robert D	good	Speroni, Joseph M	good
Engles, Emanuel L	good	Stoico, Antonio	good
Feeley, Donald A	good	Trudell, George T	good
Fink, Stanley P	good	Valorie, Alfred L	good
Fisher, George H	good	Whelen, James	good
Frve, Ralph H	good	Wright, Roy L	good

Vietnam War (47)  
Aldrich, Stanley B  
Arcudi, John L  
Atwood, Ernest C  
Basile, Joseph J  
Bega, Robert J  
Brueggeman David  
Capuzziello James I  
Carroll Kenneth R  
Chapman Kenneth L Jr  
Clark Albert K Jr  
Cutter Alan D  
Driscoll Everett F  
Drugan Peter P  
Emmanuel George  
Fahey John T  
Fanning John F  
Ford John T  
Ghelli Edward J  
Grazulis Daniel J  
Hallman Marie L  
Harris Norman J  
Harris Ronald F  
Ianzito Benjamin M  
Jackson Wayne P  
Keefe Thomas C  
Killmer George A  
Kurzu Robert J  
Lewinsky Barry J.  
Lindsey Charles N  
Lopes Paul R  
Morgan Wayne W  
Paradiso John  
Penler Joseph J III  
Purdy James E  
Rivers Kenneth A  
Saucier Roland  
Shaw Richard B  
Swaluk Richard G  
Swasey Lawrence R  
Tassone Paul S  
Trotta Paul J  
Usher David J  
Waugh Harvey J  
Wilson Thomas G  
Woods Roger M  
York John R  
Youman Barry M

2/5/2022

Upcoming Nov 1st Select Board meeting

D-2  
6-13-22  
From: paga1948@aol.com,

To: mkws581@msn.com, tjo@homlaw.org, pmazzuchelli@townofmilford.com,

Subject: Upcoming Nov 1st Select Board meeting

Date: Tue, Oct 19, 2021 5:11 pm

Attachments: Scan0592.pdf (167K)

Dear Select Board members Mike, Tom and Paul, I hope all is well. Attached is the agenda we would like to discuss at your upcoming meeting on Monday Nov.1st. Unfortunately Covid has been a bit of a distraction for us over the last year or so but we are ready to continue with our Ideas on how we can "make Downtown Milford the best it can be!" I believe this is a direct quote from Paul Mazzuchelli"

I hope this will be helpful to you if I explain below a little/lot about the 4 topics.

I. The Economic Development position. We believe the town of Milford has many great opportunities going forward with potential grants and programs offered by the state. They are really ready to help downtowns in many ways. I believe you have already been discussing this position and we agree and support it fully. The material I forwarded to you a few months ago shows that most of the surrounding towns have an Economic Development position. This person could be a big help to our committee in bringing ideas we have and helping us navigate thru the town departments. This has been an ongoing challenge for us. I would hope that part of a job description would have them work with and help us promote our ideas and bring forward in a proper way. To help promote this hiring we will bring with us supporting information on what other surrounding towns have for an economical position and there job description. We are hoping our new member Mitch Ruscitti will be able to attend to address this.

II. Creating a new realistic window display bylaw. Our goal is to have a realistic bylaw written for window displays in the downtown district. Right now the bylaw allows very little if anything to be displayed in a window or on a door. This is simply unrealistic. Most every window in the downtown district is in violation. Merchants want to and need to put something in there window to help promote what they selling and bring in customers. Window displays presently are way out of control and look really hodgepodge. This really brings down the overall aesthetics of Main street. This has been a popular on going complaint that I have personally heard over the years. We feel if we can come up with a bylaw that makes sense ..then we can begin the process of bringing everyone up to code. This is a major undertaking and can be done one building at a time over a one to two year period. It could be done as an advertised campaign. Done in a friendly helpful way. The tenants and landlords should buy into it and the town should help in every step of the way to keep it positive. They should be shown what is allowed and what is not. Maybe have everyone use standard lettering etc. Its tough enough for people in business now a days and they should not be penalized in the process. Its 30 to 40 years of not being governed that got us to this point. This will be a major project but if done in an organized ,positive fashion it will be worth it.

This could actually be a full time position for a couple of years and then part time going forward.

III. Promoting the Downtown happenings. It may be a good time for us to be promoting and showing the residents what we will be doing and what we have done so far. We should have a web page, and consider social media, Print, signs and radio. We would like to make sure what we can do and not do as a ad hoc committee. The idea is to keep the residents informed and interested along the way. Member Ray Auger will hopefully be able to attend and give you some ideas he has.

IV. The Central street future parking. We would like to get an update on the time table on raising the remaining building and creating the extra parking lot. Surrounding businesses have been waiting for this to happen. It would be helpful if we could give them a sense of when this would be. Also, what is the status of the 5 year capital plan for a possible parking garage on Central Street. I believe it was a 3 million dollar amount. This was about 3 years ago?

That's it for now. Thank you for all your past and future support!



E-1  
6-13-22

# MILFORD POLICE DEPARTMENT

**James F. Falvey**  
*Chief of Police*

---

250 Main Street \* Milford, MA 01757 \* Tel. (508) 473-1113 \* Fax (508) 473-5087

TO: Richard Villani, Esq., Town Administrator  
FROM: James F. Falvey, Chief of Police  
DATE: June 7, 2022  
RE: No parking signs

Dear Mr. Villani,

In response to an earlier email we received from Health Director Jacquelyn Murphy regarding some difficulty for the trash trucks to navigate on Baker Slip, I assigned Deputy Chief to review and recommend improvements. He has recommended installing no parking signs 15 feet to corner at each end along the right side traveling from South Bow towards Central Street. Baker Slip is a one way street with two no parking signs on the left side. I agree with Deputy Chief Robert Tusino's recommendation and request the Select Board to approve adding two no parking signs from here to corner on both ends of the street. If there are any further problems we will review and make further recommendations.

Sincerely,

James F. Falvey  
Chief of Police  
Town of Milford



# **MILFORD POLICE DEPARTMENT**

## **DEPUTY CHIEF OF PATROL**

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*250 Main Street \* Milford, MA 01757 \* Tel. (508) 473-1113 \* Fax (508) 634-2346*


To: Chief J Falvey  
From: Deputy Chief R. Tusino  
Re: Baker Slip  
Date: 06/07/22

Chief J Falvey,

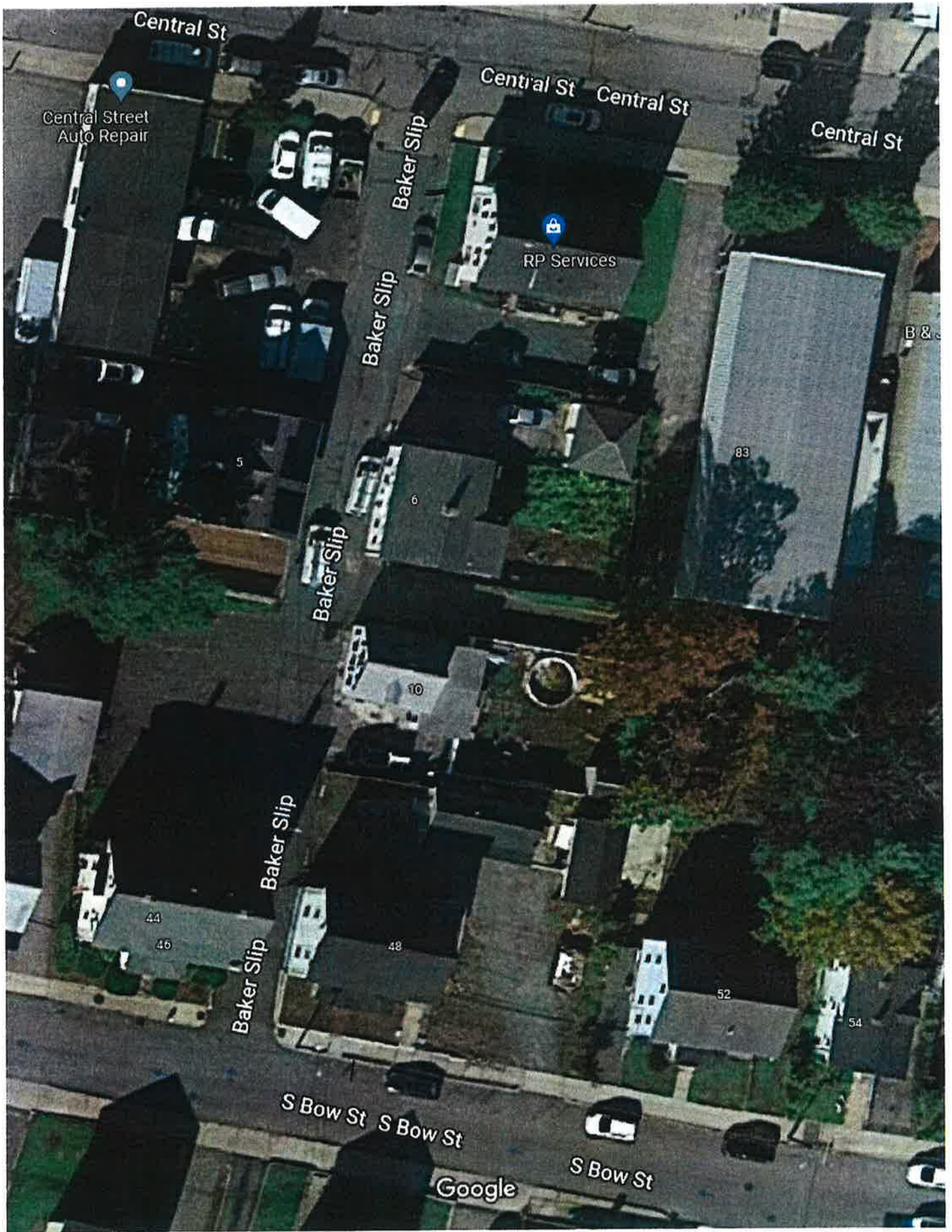
After further review I recommend the following signs be installed to mitigate trash pick-up on Baker Slip.

My recommendation is to have ***NO PARKING HERE TO CORNER*** signage installed on the North Side of Baker Slip (15) Feet in from Central St and (15) Feet in from South Bow St.

Having these signs erected will allow large trucks to navigate the narrow street for scheduled trash pick-up.

My best,  
D/C. R Tusino 





Central St

Central Street  
Auto Repair

Central St Central St

Central St

Baker Slip

RP Services

Baker Slip

B & S

5

6

83

Baker Slip

10

Baker Slip

44

46

Baker Slip

48

52

54

S Bow St S Bow St

Google

S Bow St



## Falvey, James

---

**From:** Jacquelyn Murphy <jmurphy@townofmilford.com>  
**Sent:** Tuesday, May 10, 2022 2:24 PM  
**To:** Larry Dunkin; Falvey, James; Scott Crisafulli  
**Cc:** Richard Villani; Lisa Tamagni  
**Subject:** Trash pickup prevented by parking on Baker Slip / Central Street

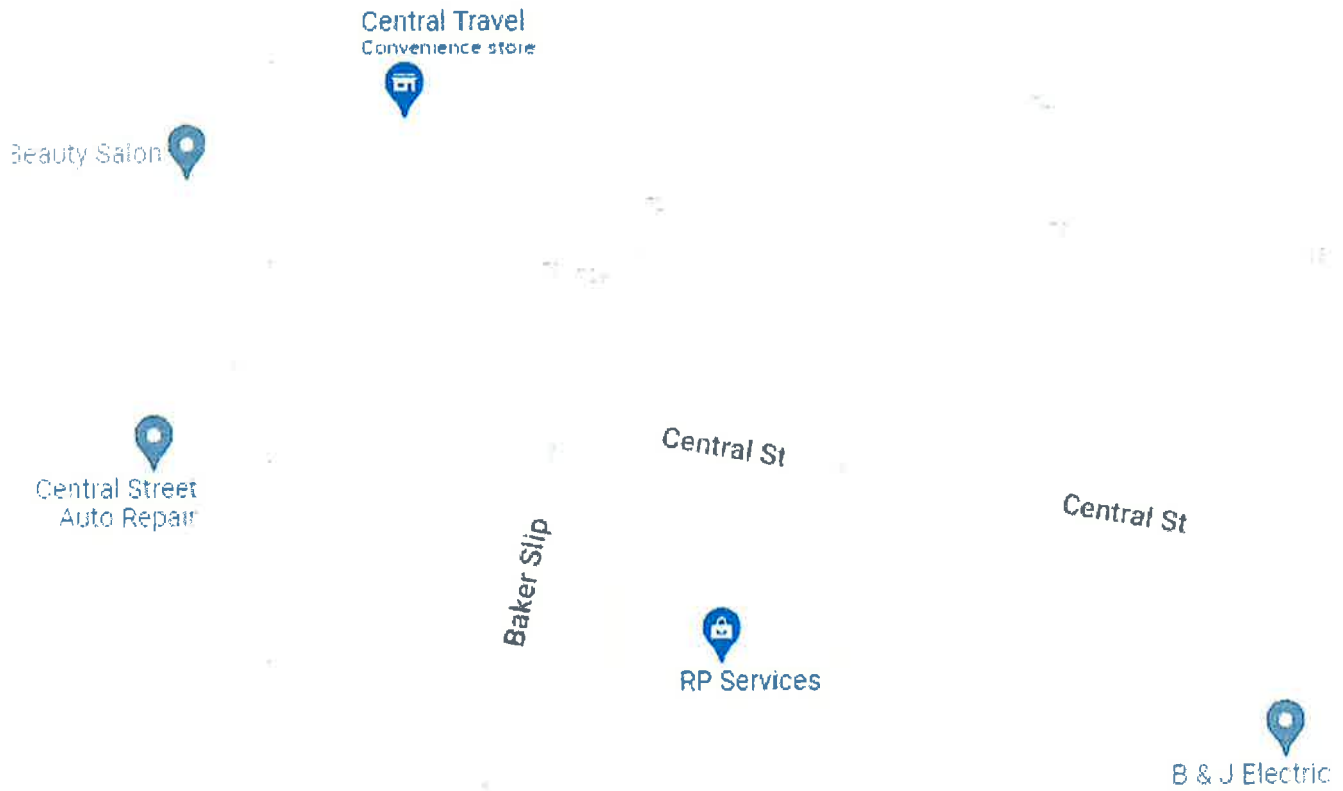
Hi team –

For the past six weeks, the vendor who picks up trash, EL Harvey, has struggled with Baker Slip. They've had to go to the street several times, including on different days, since residents are parked on both sides and parked in the stretch of Central Street that prevents them from being able to turn off Baker Slip onto Central Street (see screenshot below).

We have tried putting letters on cars and now we are sending a mailer to everyone on Baker Slip, but I am wondering about the process for street signs (e.g., "No parking from here to corner") being put up on the particular section of Central Street and one side of Baker Slip to prevent parking. I am open to other ideas as well, of course, especially if they will more efficiently get the trash and recycling picked up for these residents and prevent multiple visits from the EL Harvey drivers.

Let me know if you are free to discuss or have insight about getting this goal accomplished.

Thanks,  
Jackie



**Jacquelyn Murphy, DrPH, MPH**

*Pronouns: she/her/hers (Why pronouns are important.)*

Director of Public Health  
Board of Health  
Town of Milford  
52 Main Street (Room 6)  
Milford, MA 01757  
Office: 508.634.2315  
Cell: 774.737.6027

MILFORD  
Massachusetts



Please consider the environment before printing this e-mail.

**PUBLIC RECORDS NOTICE: Please be advised that the Massachusetts Secretary of State considers email to be a public record, and therefore subject to the Massachusetts Public Records Law, M.G.L. c. 66 § 10.**

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E-2  
6-13-22

## **DONATIONS TO MILFORD 4<sup>TH</sup> OF JULY PARADE COMMITTEE**

<b>Buma Funeral Home</b>	<b>\$200.00</b>
<b>Bright Agency/Jensen Sheehan Insurance</b>	<b>\$100.00</b>
<b>Dean &amp; Finn, Inc. dba Fiesta Shows</b>	<b>\$5,000.00</b>
<b>Milton Cat, Inc.</b>	<b>\$500.00</b>
<b>Livian Massachusetts-Josh Lioce</b>	<b>\$100.00</b>
<b>Milford Federal Bank</b>	<b>\$1,000.00</b>
<b>Pinz</b>	<b>\$2,000.00</b>



6-13-22  
Milford Veterans Advisory Council  
Milford, Massachusetts 01757

May 10, 2022

Milford Selectboard  
Town Hall, 52 Main Street  
Milford, MA 01757

This is to inform you that I resign from the Milford Veterans Advisory Council.

Respectfully,

A handwritten signature in cursive script, reading "Vincent J. Cifizzari".

Vincent J. Cifizzari  
Major USA (Ret)



# METROWEST REGIONAL TRANSIT AUTHORITY

Public Transportation System

15 Blandin Avenue  
Framingham, MA 01702

Ph. (508) 935 2222 ▪ Fax (508) 935 2225 ▪ [www.mwrta.com](http://www.mwrta.com)

E-4  
6-13-22

May 10, 2022

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

Re: MWRTA Advisory Board

Dear Mr. Walsh,

Pursuant to Massachusetts General Law, Chapter 161B, Sections 3 & 5, each Chief Elected Executive Official of a city or town that is a member of the Authority, is that municipality's representative to the Authority's Advisory Board. The Chief Elected Executive may, in writing, appoint a designee to act for her/him on the Advisory Board.

Given that the majority of municipal elections in the MetroWest region are conducted in the spring, and that most of the boards of selectman are then re-organized where the Chairperson is likely to change, the MWRTA asks that each member community re-certify with the name and contact information of its representative to the Authority, in writing, as soon as a Chairperson is selected. The Federal Transit Administration under Title VI encourage participation by minorities on Boards such as this.

Advisory Board members have four major duties; hire an administrator, approve a budget, set fares, and finally, to advocate for their respective municipalities by working with the administrator to improve public transportation options as well as to be the conduit for their municipal officials to the Authority.

The Authority expects to meet at least on a quarterly basis, but may have a couple of monthly meetings when votes need to be taken. As the public transportation system grows and develops, the relationship between the Advisory Board members themselves has proven to be beneficial as a regional tool to begin initiatives in other important area of municipal concern, like planning and resource sharing. If I can provide assistance, or further information, please do not hesitate to contact me.

Sincerely,

Ed Carr  
Administrator

E-5  
6-13-22




***Town of Milford***  
***Department Of Inspections***

52 Main Street, Milford, MA 01757  
Tel. (508) 634-2313 Fax (508) 473-2358

John Erickson  
Building Commissioner / Zoning Officer  
E-mail: Jerickson@Townofmilford.com

---

**MEMORANDUM**

**To:** Atty. Richard Villani, Town Administrator  
**From:** John Erickson, Building Commissioner   
**RE:** Department Re-organization  
**Date:** June 7, 2022

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Given the recent resignation notice of our current full-time (with benefits) Assistant Zoning Enforcement Officer, as well as the current unfilled, part-time, 19 hour per week Local Building Inspector (non-benefit eligible position), I am proposing to change the organization of the department. I would like to combine these positions to create (1) full-time (with benefits) position of Local Building Inspector whose focus will be a combination of the responsibilities of the 2 positions. The current job description for the Local Building Inspector already includes these combined responsibilities. There should be no financial impact as the combined salaries that were budgeted will cover this shift to a full-time local building inspector. This will be in addition to the (1) part-time local building inspector position held by Robert Speroni.

This is an effort I tried to implement as far back as 2014 when the job descriptions and roles were reviewed during the Personnel Board's Classification Study of that time. It was not moved forward due to a convergence of factors.

The reasoning is very straightforward. The position of Assistant Zoning Enforcement Officer is severely limited in the scope of work undertaken in this office, as that position does not require certification as a MA Building Official. Without certification or conditional appointment as a Building Official, the enforcement authority is limited to the Zoning By-Law, whereas the majority of our serious violations are a combination of Building Code and Zoning By-Law infractions. This minor reorganization will allow me more time to address the most serious matters, as the full-time local building inspector would be available to perform many of the routine building inspections that I currently perform.





E-6  
6-13-22

# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679  
Phone 508-634-2303 Fax 508-634-2324

## KENNEL LICENSE APPLICATION

### Annual Inspection under MGL Chapter 140 §137A

Check Applicable Box: Renewal Application \_\_\_\_\_ New Application \_\_\_\_\_

<b>FEEES</b>				
<i>SEE DEFINITIONS ON PAGE 3</i>				
<b>PERSONAL KENNEL:</b>	<input type="checkbox"/> 4-6 dogs \$50.00			
<b>COMMERCIAL KENNEL:</b>	<input type="checkbox"/> Breeder \$100.00	<input type="checkbox"/> Boarding/Training \$100.00	<input type="checkbox"/> Veterinary \$100.00	<input type="checkbox"/> Domestic Charitable Corporation  No charge/State Statute

### BUSINESS INFORMATION

Name of Kennel \_\_\_\_\_

Address of Kennel \_\_\_\_\_

Capacity of Kennel \_\_\_\_\_ Number of Kennels \_\_\_\_\_

Number of Dogs that may be accommodated \_\_\_\_\_

If incorporated, provide evidence that corporation is currently registered

### APPLICANT'S INFORMATION

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you requesting any waivers of the Requirements listed in the Ordinance regulating and defining kennels? If so, all waivers must be listed here. \_\_\_\_\_

---

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**MATERIALS TO BE INCLUDED WITH THE APPLICATION**

1. Certified abutters list (150 feet)
2. Accurate Site Plan to scale showing the following; property boundaries and dimensions, your house location, kennel structure, property size, houses on immediately abutting lots with the distance from the kennel structure to the abutting houses
3. Copy of previous year kennel license (if applicable)
4. License application fee, in the amount of \$\_\_\_\_\_ (check payable to Town of Milford).

***Note: The petitioner is also responsible for paying for all advertising costs including mailings and newspaper advertising costs in addition to the license application fee***

The undersigned hereby makes application to the Town of Milford for a Kennel License as specified on this form. The undersigned acknowledges that the Kennel License is permissive use only and does not grant any authority to violate any provision(s) of State law or Federal regulations as they pertain to animals. The undersigned agrees to abide by all regulations, requirements and sections as set forth in the Milford Animal Control Bylaw (attached). In addition, the undersigned understands this license must be renewed annually and a completed renewal license application form must be submitted to the Select Board's Office no later than June 1st of each year to remain compliant. Licenses will be valid from July 1<sup>st</sup> – June 30<sup>th</sup>.

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**APPLICANT IS RESPONSIBLE TO SCHEDULE ALL YEARLY APPOINTMENTS NO LATER THAN JUNE 15TH WITH THE ANIMAL CONTROL OFFICER AT 508-478-3871**

***\*\* The license applied for, if granted cannot be Sold, Transferred or Surrendered without the authority of the Select Board's Office\*\****

---

**OFFICE USE ONLY**

Personal & Property Taxes Paid

Premises inspected and approved by Animal Control Officer

Fees Paid

Meets Zoning Compliance per Building Commissioner

\_\_\_ Select Board Approval

Hearing Date: \_\_\_\_\_

Kennel Tag number issued by Town Clerk: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Below are the definitions of the various kennels pursuant to:  
Chapter 193 of the Acts of 2012  
An Act Further Regulating Animal Control**

**Personal Kennel**-a pack or collection of more than 4 dogs, 3 months old or older, owned or kept under single ownership, for private personal use, provided, however, that breeding of personally owned dogs may take place for the purpose of improving, exhibiting or showing the breed, use in legal sporting activity or other personal reasons; provided, further, that selling, trading, bartering or the distribution of such breeding from a personal kennel shall be to other breeders or individuals by private sale only and not to wholesalers, brokers or pet shops; provided, further, that personal kennels shall not sell, trade, barter or distribute any dogs not bred from their personally owned dogs; and provided, further, that dogs temporarily housed at a personal kennel, in conjunction with an animal shelter or rescue registered with the department, may be sold, traded, bartered or distributed if the transfer is not made for the purpose of profiting thereby.

**Commercial boarding or training kennel**-an establishment used for boarding, holding, overnight stays or training of animals that are not the property of the owner of such establishment, at which such services are rendered in exchange for consideration and in the absence of the owner of such animal; provided, however, that this definition shall not include an animal shelter or animal control facility, a pet shop licensed under section 39A of chapter 129, a facility which does not provide overnight boarding for animals but does provide dog grooming, dog training, supervised playtime of dogs or dog walking with not more than 12 dogs on a single premises or individuals who temporarily, and not in the normal course of business, board or care for animals owned by others.

**Commercial breeder kennel**-an establishment, other than a personal kennel, engaged in the business of breeding animals for sale or for exchange to wholesalers, brokers, or pet shops in return for consideration.

**Veterinary kennel**-a veterinary hospital or clinic that boards dogs for reasons in addition to medical treatment or care; provided, however, that this definition shall not include a hospital or clinic used solely to house dogs that have undergone veterinary treatment, observation, or will do so, only for the period of time needed to accomplish the needed veterinary care.

**Domestic charitable corporation kennel**-a facility operated, owned or maintained by a domestic charitable corporation registered with the department, or an animal welfare society, or other nonprofit organization incorporated for the purpose of providing for and promoting the welfare, protection and humane treatment of animals, including a veterinary hospital or clinic operated by a licensed veterinarian, which operates consistent with such purpose while providing veterinary treatment and care.

E-7  
6-13-22

**TOWN OF MILFORD**

**Check one: RFP/IFB OPENING \_\_\_\_\_ CONTRACT AWARD X NOTICE (7/15/09)**

DESCRIPTION AND CONTRACT # Comprehensive Maintenance and Support System for HVAC

AWARD'G AUTHORITY: SELECT BOARD  
DEPARTMENT: Select Board  
PRE-BID CONFERENCE: May 17, 2022 10:00AM  
BID DEADLINE: June 7, 2022

INSERT DATES FOR:  
LOCAL BID ADV Milford Daily News—April 29, 2022  
CENTRAL REGISTER: May 4, 2022

BID OPENING: June 7, 2022 2:00PM

GOODS/SERVICES BULL:

DOCUMENTS ON FILE:  
BUDGET LINE/SOURCE OF FUNDING:

CONTRACT AWARD:

OTHER INFO. & REQUIREMENTS:

SIGNATURES REQUIRED: *R. G. Grollman*  
Person Opening Bids

*Lena Pires*  
Witness Present at Bid Opening

BIDDER NAME/ADDRESS (Low bidder is #1, etc.) Indicate if WBE/MBE

ENE Systems  
480 Neponset Street, Suite 11D  
Canton, MA 02021

BID AMOUNT

\$135,360.00 First Year  
\$140,772.00 Second Year  
\$146,400.00 Third Year

\$422,532.00 Total

\$152,256.00 Fourth Year Option  
\$158,340.00 Fifth Year Option

**CONTRACT AWARD.** Contract awarded to the following vendor(s) in accordance with plans/specifications and provisions of applicable Massachusetts General Laws and Town By Laws.

VENDOR NAME(S)  
AFTER BID OPENING, ROUTE TO:  
Chief Procurement Officer  
Town Clerk, Town Counsel, Town Acct.  
RFP IFB.DOC

LICENSING # AND CONTRACT AMOUNT  
AFTER CONTRACT AWARD, ROUTE TO:  
Chief Procurement Officer, Vendors (optional)  
Town Clerk, Town Counsel, Files

E-8

### MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679  
508-634-2303 Fax 508-634-2324  
[www.milfordma.gov](http://www.milfordma.gov)

### APPLICATION FOR A ONE DAY LIQUOR LICENSE PER MGL, C138, S14

#### APPLICANT/HOST INFORMATION:

Name or Organization: PLAINS REUNION ASSOCIATION  
Type of Organization (Individual/Non-Profit Corp./For-Profit Corp.) NON-PROFIT  
Organization Address: 9 TRETTEL DRIVE, MILFORD, MA.

#### DETAILS OF EVENT:

Type of Event (i.e. banquet/fundraiser/party) PARTY  
Where will it be held ITALIAN-AMER-WORLD WAR VETS POST 40  
Who owns the premises ITALIAN VETS Contact Day Time# 508-488-6355  
Date(s) of Event SEPTEMBER 25, 2022  
Hours of Event 11:00 AM TO 5:00 PM.  
Expected # of people 115 Admission Charge 39.00  
Type of License: All Alcohol (*Non-Profits Only*) \$100  or Beer & Wine Only \$100   
Alcohol will be sold or given away (check one) Sold  Given Away  RAFFLE  
Is the event open to the general public (check one) Yes  No

*I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of*

Applicant Signature: Lena M. McCarthy <sup>Milford.</sup>

Applicant Cell Phone #: 508-331-5366

Applicant Email Address: JFM64@comcast.net

Town Official Signature of Approval (if applicable) \_\_\_\_\_  
(If using a Town Facility)

E-9  
6-13-22

**Nicole Romiglio**

22 Church Street, Milford, MA 01757 | 774-219-2783 | Nicole.romiglio@gmail.com

May 9, 2022

Geri Eddins, Chair  
Milford Cultural Council

Dear Geri,

Please accept this letter as notice that I will not be seeking reassignment on the Milford Cultural Council at the end of my term in June of 2022.

Thank you for the support and the opportunities you have provided me over the course of the last three years. The Milford Cultural Council has been totally transformed under your leadership, and I am grateful to have been along for the ride. It's been a wonderful journey to witness. My reason for resigning is twofold. First, recent events in town have made me aware that my efforts would make maximum impact in my other civic engagements. The Parade Committee and Stacy PTO are both experiencing tremendous strain in this new post-COVID reality, and I'd like to refocus my energy. Secondly, I'd love to serve another term in the future when I have more time to give Cultural Council the attention it deserves.

If I can do anything to help with your transition in finding and training my replacement, please let me know. I fully intend to stay involved in the purchase, delivery, and placement of the concrete game tables.

Sincerely,



Nicole Romiglio

E-10  
6-13-22

Tim Walsh, Member  
Zoning Board of Appeals  
52 Main Street  
Milford, MA 01757

October 13, 2021

David Consigli, Chairman,  
Zoning Board of Appeals  
52 Main Street  
Milford, MA 01757

Dear Mr. Chairman,

Regretfully, I must resign my position as a member of the Zoning Board of Appeals because I am no longer a resident of Milford.

Best,

Tim Walsh

---



E-11  
6-13-22

**2022 APPOINTMENTS/ REAPPOINTMENTS**

		<b>Term Expires</b>
Keith Haynes	Animal Control Officer	6/30/23
Leonard C. Oliveri	Fair Housing Director	6/30/23
Mark Nelson	Emergency Mgt. Dir.	6/30/23
Donna Auger	Emergency Mgt. Deputy Dir.	6/30/23

**COMMISSION ON DISABILITY (9) (3 Year Terms)**

Julie Gonzalez		6/30/25
Vacancy		
Vacancy		
Vacancy		
Vacancy	<b>(No applications on file)</b>	

**COMMUNITY SCHOOL USE COMMITTEE- (3 Year terms)**

Ronald Creasia		6/30/25
Vacancy		6/30/25

**CONSERVATION COMMISSION (7) (3 Year Terms)**

Joseph P. Zacchilli		6/30/25
Paul J. Braza		6/30/25

**COUNCIL ON AGING (9) (3 Year Terms)**

Francis X. Small, Esq.		6/30/25
Thomas J. O'Loughlin, Esq.		6/30/25
Edward J. Roth		6/30/25
Vacancy	<i>appointee will fill deceased member's term</i>	6/30/23

**FAIR HOUSING COMMITTEE (5) (1 Year Terms)**

Leonard C. Oliveri		6/30/23
John Morte		6/30/23
Vacancy		6/30/23
Vacancy		6/30/23
Vacancy		6/30/23

**FINANCE COMMITTEE (15) (3 Year Terms)****Term Expires**

Brant Hornberger	6/30/25
Carly Kearnan	6/30/25
Charles J. Miklosovich	6/30/25
Alberto A. Correia	6/30/25

**GERIATRIC AUTHORITY OF MILFORD (7) (3 Year Terms)**

Dr. Joseph Lopes	6/30/25
George Holland	6/30/25

**HISTORICAL COMMISSION (7) (3 Year Terms)**

Anne Lamontagne	6/30/25
Robert Samiagio	6/30/25

**INDUSTRIAL DEVELOPMENT COMMISSION (11) (3 Year Terms)**

Steven Borges	6/30/25
<i>Vacancy</i>	
<i>Vacancy</i>	
<i>Vacancy</i>	

**MILFORD CULTURAL COUNCIL (13) (3 Year Terms)**

Jenny N. Lyons	6/13/25
<i>Vacancy</i>	6/13/25
<i>Vacancy</i>	6/13/25

**PERSONNEL BOARD (5+ 1 A)(\*5 Year Terms) (Alternate, 3 Year Terms)**

Tarik P. Miranda	6/30/27
------------------	---------

**REGISTRARS OF VOTERS (3 Year Terms)**

Sandra Comastra	6/30/25
-----------------	---------

**ZONING BOARD OF APPEALS (8) (5 Year Terms, 3 Year Terms for Alternate)**

Mark Calzolaio	6/30/27
Christopher Burns (Alt. 3)	6/30/25
<i>Vacancy</i> (Alt. 2)	6/30/24

**MILFORD YOUTH COMMISSION (21) (3 Year Terms)**

Steven Sousa	6/30/25
Michelle Stokes	6/30/25
<i>Vacancy</i>	6/30/25

# COMMUNITY SCHOOL USE COMMITTEE

**VACANCIES:**

*One (1)*

**COMMITTEE RECOMMENDATION:**

*Based on input from the Committee the following names should be considered:*

*William Farrell*

*Justin Dulak*

*Samantha Cesario*

## Lena Pires

---

**From:** Jeremy Kearnan <jpkernan@gmail.com>  
**Sent:** Friday, June 10, 2022 11:07 AM  
**To:** Lena Pires; jligor@milfordma.com  
**Subject:** Re: Member Recommendation-Vacancy

**CAUTION:** This email originated from outside the **Town of Milford**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Lena - based on input from the committee, the following names should be considered.

- William Farrell
- Justin Dulak
- Samantha Cesario



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME William Farrell  
YOUR ADDRESS 1111111111  
TELEPHONE NO. FOR WEEKDAYS (508) 282-0348 & EVENINGS ( ) SAME  
EMAIL ADDRESS billfenny@comcast.net

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION BS - Accounting (Bentley University)  
MBA - Lake Forest Graduate School of mgmt.  
EXPERIENCE 40 years with large corporations in controllership and strategic planning roles.  
INTERESTS sports, reading, cribbage

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                            |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                           |
| <input checked="" type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee          |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Personnel Board   |
|  | <input type="checkbox"/> Zoning Board of Appeals                                     |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 2-7-22 Recorded 2-7-22 Application Expires 2-7-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



## MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

### APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Justin Dulak

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (714) 573 7262 & EVENINGS ( ) Same

EMAIL ADDRESS justin.dulak@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

#### EDUCATION

BA, History, Suffolk University

#### EXPERIENCE

Certification as a Community Access Monitor

#### INTERESTS

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                            |
| <input checked="" type="checkbox"/> Commission on Disability       | <input type="checkbox"/> Industrial Development Commission                           |
| <input checked="" type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee          |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                    | <input type="checkbox"/> Milford Youth Commission                                    |
| <input checked="" type="checkbox"/> Finance Committee              | <input checked="" type="checkbox"/> Personnel Board                                  |
|  | <input type="checkbox"/> Zoning Board of Appeals                                     |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 9-11-19 Recorded 9-11-19 Application Expires 9-11-22  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Samantha Cesario

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (315) 256-6392 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS Samanthacesario@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION UAlbany: Master of Science: Library Information and Services

EXPERIENCE \_\_\_\_\_

INTERESTS Community organizing, youth work, arts & culture,

Please indicate below if you are a Town Employee or serve on any Town Board.  
Supervisor of Youth Services at the Milford Town Library

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                                      |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                   | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board  |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-21-21 Recorded 4-21-21 Application Expires 4-21-2024  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Jeff Birdwell

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 910-703-2336 ) & EVENINGS( 910-703-2336 )

EMAIL ADDRESS jeffbirdwell@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Currently finishing BS in Economics from Penn State.

EXPERIENCE 6 years in Passenger Rail Transit.  
12 years in Rail Industry.  
Currently employed by Amtrak in Quality Management.  
Worked with MBTA, RTDC, and other transportation.

INTERESTS Public Transportation, Finance, Zoning, Planning, School

Please indicate below if you are a Town Employee or serve on any Town Board.

N/A

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission                        |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                     |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> (formerly Arts Lottery Council)              |
| <input type="checkbox"/> Fair Housing Committee                    | <input type="checkbox"/> Milford Geriatric Authority                  |
| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input checked="" type="checkbox"/> Other (Describe Below)            |

Public Transportation Advisory Committee

**FOR OFFICE USE ONLY:** Date Rec'd 10-13-20 Recorded 10-13-20 Application Expires 10-13-23  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Robyn Bratica

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 774-573-9216 & EVENINGS( ) 774-573-9216

EMAIL ADDRESS robyn.bratica.phd@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION PhD in School Psychology

EXPERIENCE Assistant Professor of School Psychology, Interim Director of MA/CAGS Program in School Psychology, School Psychologist, Licensed Educational Psychologist, Licensed School Adjustment Counselor and work experience as Special Education Team Chairperson

INTERESTS Mother to a child at Brookside Elementary School with multiple disabilities.

Please indicate below if you are a Town Employee or serve on any Town Board.

Town Meeting Member

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission                   |
| <input checked="" type="checkbox"/> Commission on Disability       | <input type="checkbox"/> Industrial Development Commission       |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                    | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                         | <input checked="" type="checkbox"/> Milford Youth Commission     |
|  | <input type="checkbox"/> Personnel Board                         |
|  | <input type="checkbox"/> Zoning Board of Appeals                 |
|  | <input type="checkbox"/> Other (Describe Below)                  |

FOR OFFICE USE ONLY: Date Rec'd 8-30-21 Recorded 8-30-21 Application Expires 8-30-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME James Hughes

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 1048-2738 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS J.hugh70@yahoo.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

### EDUCATION

Bachelors of Science / Economics

### EXPERIENCE

Retail Management (June 1998 - March 2022)  
Consumer Sales Manager (March 2022 - Pres.)  
Inventory Control Assoc. (July 2021 - Pres.)

### INTERESTS

Sports, Music, Gardening, Animals

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission             |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                     |
| <input checked="" type="checkbox"/> Council on Aging               | <input type="checkbox"/> (formerly Arts Lottery Council)              |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Geriatric Authority                  |
| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input type="checkbox"/> Other (Describe Below)                       |

FOR OFFICE USE ONLY: Date Rec'd 6-2-22 Recorded 6-2-22 Application Expires 6-2-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Abolghasem Moazeni

YOUR ADDRESS: \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 510-9150014 & EVENINGS( ) 5109150014

EMAIL ADDRESS Moazeni42@aol.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION BS Mechanical Engineering and Systems Engineer

EXPERIENCE 20 years of restaurant managment and 22 years of IT Systems Engineering

INTERESTS Music, Theater, Parks, Musume and learning about different cultures to promote undrestanding.

Please indicate below if you are a Town Employee or serve on any Town Board.

No

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                                       |
| <input checked="" type="checkbox"/> Commission on Disability       | <input checked="" type="checkbox"/> Industrial Development Commission                           |
| <input checked="" type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input checked="" type="checkbox"/> Conservation Commission        | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input checked="" type="checkbox"/> Council on Aging               | <input checked="" type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board  |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                                     |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-21 Recorded 4-23-21 Application Expires 4-23-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Rj Sheedy

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508) 244-2136 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS rjsheedy867@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION MHS Graduate, class of 2014. Studied communication at Worcester State University.

EXPERIENCE Proud member, organizer and rep of UFCW 1445 & Clerk at Stop And Shop. Also ran for office twice, am a town meeting member, and have been a longtime member of Milford TV since it's inception.

INTERESTS Community events, media relations, organizing and education.

Please indicate below if you are a Town Employee or serve on any Town Board.

I am a town meeting member in precinct 5.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                                      |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                   | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input checked="" type="checkbox"/> Personnel Board   |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-12-21 Recorded 4-12-21 Application Expires 4-12-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

# COUNCIL ON AGING

# OF VACANCIES:

**ONE (1)**

COUNCIL RECOMMENDATION: ***JOAN MOTUZAS***

## Richard Villani

---

**From:** Dino DeBartolomeis  
**Sent:** Tuesday, June 7, 2022 1:23 PM  
**To:** Richard Villani  
**Cc:** Susan Clark  
**Subject:** Appointment to the Council on Aging

Dear Attorney Villani and the Milford Select Board,

I hope this e-mail finds you all well. I am sad to announce that Mrs. Josephine Magliocca recently passed away. Josephine was an outstanding and valuable member for the Council for a long period of time. She was involved in all aspects of the Senior Center. She truly loved helping the Milford seniors with their individual needs. She was always very pleasant and offered her strong and significant recommendations as a dedicated member of the Council on Aging. We are truly grateful for her loyal service and wish her family the very best.

I am recommending that you consider the appointment of Mrs. Joan Motuzas to fill the open seat on the Council. Joan has devoted many hours over many years to the Milford Council on Aging. Joan is the most valuable and loyal advocate for our Milford Seniors. She and her husband, ED, have given numerous hours of service and dedication to our most precious Senior Center. You will always find Joan distributing food, working in the Gift Shop, assisting an elderly person with a need. Joan participates and volunteers daily in all the activities provided by the Senior Center.

Last year, Joan and her husband Ed received much recognition and were provided citations by the Select Board at a meeting for their unselfish and honorable service.

Thank you for your consideration!

Dino B. DeBartolomeis, Chairman of the Milford Council on Aging.



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME JOAN MOTUZAS

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508-473-4239 & EVENINGS 508-473-4239

EMAIL ADDRESS headlx@comcast.net

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION High School

EXPERIENCE

INTERESTS C.O.A.

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- Cedar Swamp Pond Development Committee
- Commission on Disability
- Community School Use Committee
- Conservation Commission
- Council on Aging
- Fair Housing Committee
- Finance Committee
- Historical Commission
- Industrial Development Commission
- Memorial Hall Cultural Center Committee
- Milford Cultural Council  
(formerly Arts Lottery Council)
- Milford Geriatric Authority
- Milford Youth Commission
- Personnel Board
- Zoning Board of Appeals
- Other (Describe Below)

FOR OFFICE USE ONLY: Date Rec'd 7-31-20 Recorded \_\_\_\_\_  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

Application Expires 7-31-23





# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME James Hughes

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 648-2138 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS J.hughes@yahoo.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION

Bachelors of Science / Economics

EXPERIENCE

Retail Management (June 1998 - March 2022)  
Consumer Sales Manager (March 2022 - Pres.)  
Inventory Control Assoc. (July 2021 - Pres.)

INTERESTS

Sports, Music, Gardening, Animals

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission             |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                     |
| <input checked="" type="checkbox"/> Council on Aging               | <input type="checkbox"/> (formerly Arts Lottery Council)              |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Geriatric Authority                  |
| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input type="checkbox"/> Other (Describe Below)                       |

FOR OFFICE USE ONLY: Date Rec'd 6-2-22 Recorded 6-2-22 Application Expires 6-2-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





FOR L12

# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Jeffrey P. Rotatori

YOUR ADDRESS Milford MA 01757

TELEPHONE NO. FOR WEEKDAYS ( 774-573-1352 ) & EVENINGS ( Same )

EMAIL ADDRESS JPRGuitar@Verizon.net

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION 1978 Graduate Framingham South High

EXPERIENCE worked at the former Cushing Hospital, at the time a 200 Bed Nursing Home.

INTERESTS Giving Back some of my Time to the Town I've called Home the last 35 years.

Please indicate below if you are a Town Employee or serve on any Town Board.

I am a Substitute Crossing Guard currently

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                |
| <input checked="" type="checkbox"/> Council on Aging            | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Milford Youth Commission                |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

FOR OFFICE USE ONLY: Date Rec'd 1/14/22 Recorded 1/14/22 Application Expires 1/14/25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

## Richard Villani

---

**From:** Dino DeBartolomeis  
**Sent:** Tuesday, June 7, 2022 1:35 PM  
**To:** Richard Villani  
**Cc:** Susan Clark  
**Subject:** Appointments to the Milford Council on Aging

Dear Rick,

The following members of the Milford Council on Aging should be reappointed for another 3 years: Edward J. Roth, Attorney Francis X. Small and Attorney Thomas J. O'Loughlin.

These 3 individuals have been most loyal and dedicated to the seniors of Milford and deserve reappointment!

Sincerely,

Dino B. DeBartolomeis, Chairman of the Milford Council on Aging

**FAIR HOUSING COMMITTEE**

**# OF VACANCIES:**

***THREE (3)***

**TALENT BANK APPLICATIONS ATTACHED**



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Steven Borges

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 508.317.1244 ) & EVENINGS(      )

EMAIL ADDRESS stevenlborges@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Suffolk University

EXPERIENCE 4+ years Construction Industry - 5+ years Real Estate Industry - served 2 years IDC

INTERESTS Serving our community

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input checked="" type="checkbox"/> Conservation Commission     | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee      | <input type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 11-30-21 Recorded 11-30-21 Application Expires 11-30-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME James Hughes

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 1048-2138 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS J.hugh70@yahoo.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

### EDUCATION

Bachelors of Science / Economics

### EXPERIENCE

Retail Management (June 1998 - March 2022)  
Consumer Sales Manager (March 2022 - Pres.)  
Inventory Control Assoc. (July 2021 - Pres.)

### INTERESTS

Sports, Music, Gardening, Animals

Please indicate below if you are a Town Employee or serve on any Town Board.

\_\_\_\_\_

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                            |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission                |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
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| <input checked="" type="checkbox"/> Council on Aging               | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Youth Commission                                    |
| <input checked="" type="checkbox"/> Finance Committee              | <input checked="" type="checkbox"/> Personnel Board                                  |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 6-2-22 Recorded 6-2-22 Application Expires 6-2-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Abolghasem Moazeni

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 510-9150014 & EVENINGS( ) 5109150014

EMAIL ADDRESS Moazeni42@aol.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION BS Mechanical Engineering and Systems Engineer

EXPERIENCE 20 years of restaurant management and 22 years of IT Systems Engineering

INTERESTS Music, Theater, Parks, Musume and learning about different cultures to promote undrestanding.

Please indicate below if you are a Town Employee or serve on any Town Board.

No

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                                       |
| <input checked="" type="checkbox"/> Commission on Disability       | <input checked="" type="checkbox"/> Industrial Development Commission                           |
| <input checked="" type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input checked="" type="checkbox"/> Conservation Commission        | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input checked="" type="checkbox"/> Council on Aging               | <input checked="" type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board  |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                                     |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-21 Recorded 4-23-21 Application Expires 4-23-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

## **HISTORICAL COMMISSION**

*Letter from the chair included regarding reappointments*



## **HISTORICAL COMMISSION OF MILFORD**

Memorial Hall, School Street  
Milford, MA 01757



To: Milford Select Board and Town Administrator

From: Milford Historical Commission

Re: Reappointments to Milford Historical Commission

Date: May 17, 2022

The commissioners and the associate commissioners of the Historical Commission request the Select Board to reappoint the following commissioners to a three year term. Their terms expire June 30, 2022.

Commissioners seeking reappointment are:

Anne L. Lamontagne

Robert A. Samiagio

Their personal commitment provides continuity for the preservation, promotion and development of the historical and archaeological assets of our town.

Your consideration to this matter is appreciated.

Respectfully,

Robert M. Andreola  
Chairman

# **INDUSTRIAL DEVELOPMENT COMMISSION**

**TALENT BANK APPLICATIONS ATTACHED**



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757

508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Jeff Birdwell

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 910-703-2336 & EVENINGS( ) 910-703-2336

EMAIL ADDRESS jeffbirdwell@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Currently finishing BS in Economics from Penn State.

EXPERIENCE 6 years in Passenger Rail Transit.  
12 years in Rail Industry.  
Currently employed by Amtrak in Quality Management.  
Worked with MBTA, RTDC, and other transportation.

INTERESTS Public Transportation, Finance, Zoning, Planning, School

Please indicate below if you are a Town Employee or serve on any Town Board.

N/A

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission                        |
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| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                     |
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| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input checked="" type="checkbox"/> Other (Describe Below)            |

Public Transportation Advisory Committee

FOR OFFICE USE ONLY: Date Rec'd 10-13-20 Recorded 10-13-20 Application Expires 10-13-23  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME James Hughes

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 648-2138 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS J.hughes@yahoo.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

### EDUCATION

Bachelors of Science/Economics

### EXPERIENCE

Retail Management (June 1998 - March 2022)  
Consumer Sales Manager (March 2022 - Pres.)  
Inventory Control Assoc. (July 2021 - Pres.)

### INTERESTS

Sports, Music, Gardening, Animals

Please indicate below if you are a Town Employee or serve on any Town Board.

\_\_\_\_\_

Please place "x" beside the Board(s) on which you are interested in serving:

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|--|--|
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| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Youth Commission                                    |
| <input checked="" type="checkbox"/> Finance Committee              | <input checked="" type="checkbox"/> Personnel Board                                  |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 6-2-22 Recorded 6-2-22 Application Expires 6-2-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Abolghasem Moazeni

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 510-9150014 ) & EVENINGS ( 5109150014 )

EMAIL ADDRESS Moazeni42@aol.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION BS Mechanical Engineering and Systems Engineer

EXPERIENCE 20 years of restaurant management and 22 years of IT Systems Engineering

INTERESTS Music, Theater, Parks, Musume and learning about different cultures to promote undrestanding.

Please indicate below if you are a Town Employee or serve on any Town Board.

No

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
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| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Milford Youth Commission                           |
|  | <input type="checkbox"/> Personnel Board                                    |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                 |
|  | <input type="checkbox"/> Other (Describe Below)                             |

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-21 Recorded 4-23-21 Application Expires 4-23-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Brendan Rickert

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 203-313-5833 ) & EVENINGS( 203-313-5833 )

EMAIL ADDRESS brendan.rickert@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Masters in Exercise Science and Nutrition, MBA

EXPERIENCE US Sales Manager- Motorika  
Professor, Exercise Physiologist- Sacred Heart University  
Head Coach- Fairfield University

INTERESTS Outdoors, specifically running; government; serving and bettering the community.

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                        |
| <input type="checkbox"/> Commission on Disability                          | <input checked="" type="checkbox"/> Industrial Development Commission |
| <input type="checkbox"/> Community School Use Committee                    | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input checked="" type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                     |
| <input type="checkbox"/> Council on Aging                                  | <input type="checkbox"/> (formerly Arts Lottery Council)              |
| <input type="checkbox"/> Fair Housing Committee                            | <input type="checkbox"/> Milford Geriatric Authority                  |
| <input checked="" type="checkbox"/> Finance Committee                      | <input checked="" type="checkbox"/> Milford Youth Commission          |
|  | <input type="checkbox"/> Personnel Board                              |
|  | <input type="checkbox"/> Zoning Board of Appeals                      |
|  | <input type="checkbox"/> Other (Describe Below)                       |

**FOR OFFICE USE ONLY:** Date Rec'd 6/13/19 Recorded \_\_\_\_\_ Application Expires 6/13/22  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

## CULTURAL COUNCIL

**# OF VACANCIES:**

***TWO (2)***

**COUNCIL RECOMMENDATION:**

***MICHELLE PICI***

***DENISE TRACY***

## Lena Pires

---

**From:** Geri Eddins <geri@eddins.net>  
**Sent:** Friday, May 27, 2022 9:28 AM  
**To:** Richard Villani; Thomas O'Loughlin; Michael Walsh; Paul Mazzuchelli  
**Cc:** Lena Pires; Sandee Buckley  
**Subject:** REQUEST: Appointments and Reappointment to the Milford Cultural Council  
**Attachments:** Letter from Nicole Romiglio 9 May 2022.pdf; TALENT BANK Michele Pici.pdf; TALENT BANK Denise Tracy 2022.pdf

**CAUTION:** This email originated from outside the **Town of Milford**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning:

Terms are ending for three of the current Cultural Council members this June. Here are the details:

- Patricia Salomon: This June ends her second term on the council. Per Mass Cultural Council guidelines, she cannot be reappointed until she has taken a year off from council membership.
- Nicole Romiglio: This June ends her first term. However, she has requested that she not be reappointed at this time. Please see her attached letter.
- Jenny Lyons: This June ends her first term, and she has requested that she be reappointed to a second term.

With Patty's six-year tenure ending and with Nicole asking not to be reappointed, the council will have two open seats. At our May 17th meeting, the members of the Cultural Council reviewed all the talent bank applications received by your office and voted unanimously to recommend the following two applicants for appointment:

- Michelle Pici
- Denise Tracy

We believe these two individuals will make excellent members of the Cultural Council and will help to expand our experience and skill base. These appointments will bring membership to our maximum of 13 as stipulated in our rules and regulations. I have attached the associated talent bank applications.

**We respectfully request that you appoint both Michelle Pici and Denise Tracy at the Select Board meeting on June 13th and that you also reappoint Jenny Lyons to serve a second term on the council.**

Lastly, we hope you will all join us in thanking both Patricia Salomon and Nicole Romiglio for their dedicated years of service to the council and the community. They are both passionate about elevating arts and culture in Milford and subsequently have both been enthusiastic

members whom we hope to work with again in the future!

We are happy to answer any questions you may have about these requests. Thank you for your help with this matter.

All the best,  
Geri Eddins, Chair  
Santee Buckley, Vice Chair

Milford Cultural Council  
Email: [CulturalCouncil@TownofMilford.com](mailto:CulturalCouncil@TownofMilford.com)  
Web: [milfordma.gov/milford-cultural-council](http://milfordma.gov/milford-cultural-council)



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for three years. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Michele Pici, DO, MBA

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (508) 450 4072 & EVENINGS ( ) SADP

EMAIL ADDRESS mpici1963@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Medical Degree - New York College Osteopathic Medicine - 1992  
MBA - University of Tennessee - 2011

EXPERIENCE was chief Medical officer, & Medical Director @ Edward M. Kennedy Community Health Center for 17 yrs. Worked in diverse cultural groups

INTERESTS Gardening, hiking, eating good food, giving to community

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |   |
|---|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                                      |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

FOR OFFICE USE ONLY: Date Rec'd 3-23-22 Recorded 3-23-22 Application Expires 3-23-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Denise Tracy

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (617) 283-7817 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS deniset5k@live.com denise@hopartscenter.org

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Chamberlain School of Design  
Boston, MA

EXPERIENCE Former live music venue owner  
current event planner + music promoter Hopkinton  
Center for the Arts  
Hopkinton, MA

INTERESTS music, arts, gardening,  
entertaining

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Please place "x" beside the Board(s) on which you are interested in serving:

- |   |   |
|---|---|
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| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

FOR OFFICE USE ONLY: Date Rec'd 3/11/22 Recorded 3/11/22 Application Expires 3/11/25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME JAMES J. BUCKLEY JR

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (617) 875-8005 & EVENINGS (617) 875 8005

EMAIL ADDRESS jim@mail33@yahoo.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION D. Ed, HARVARD University

EXPERIENCE 6 years on Cultural Council in the past  
Over 200 published Milford History Articles

INTERESTS Writing, MAKING ORAL presentations about  
MILFORD history

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |   |
|---|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input checked="" type="checkbox"/> Historical Commission                                       |
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| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

FOR OFFICE USE ONLY: Date Rec'd 3-28-22 Recorded 3-28-22 Application Expires 3-28-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Stephen J. Cassinelli

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 508 422 9583 ) & EVENINGS( 508 422 9583 )

EMAIL ADDRESS festoonz@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Graduated Milford High School 1986 Berklee College of Music awards Composition & performance

EXPERIENCE Operate alcassmouthpieces.com (in contact with iconic brass musicians throughout the world daily) Recording artist composer & performer aka Casarachi casarachi.com Music director at Milford Youth Center prior to rehab Have been performing in Milford & on Radio since age 5. 6th generation student of Ludwig Von Beethoven. Winner of the Dave Maynard talent show 1980 @Milford High (12 years old). Flag bearer bicentennial parade 1976 @8. & other

INTERESTS Music, art, history, and antiques. Creative problem solver.

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- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
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| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input checked="" type="checkbox"/> Milford Cultural Council     |
| <input type="checkbox"/> Council on Aging                       | (formerly Arts Lottery Council)                                  |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Milford Youth Commission                |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-24 Recorded 4-23-24 Application Expires 4-23-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Samantha Cesario

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (315-256-6392) & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS Samanthacesario@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION UAlbany: Master of Science: Library Information and Services

EXPERIENCE \_\_\_\_\_

INTERESTS Community organizing, youth work, arts & culture,

Please indicate below if you are a Town Employee or serve on any Town Board.  
Supervisor of Youth Services at the Milford Town Library

- Please place "x" beside the Board(s) on which you are interested in serving:**
- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                                      |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                   | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board  |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-21-21 Recorded 4-21-21 Application Expires 4-21-2024  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Johnna L O'Loughlin

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 774-287-1305 ) & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS johnna.grenard@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION West Virginia University Morgantown, WV

EXPERIENCE Milford Federal Bank, Milford MA 2015 - Present and 2008 - 2012  
Milford Sr Center Milford MA 2012 - 2015 (program coordinator)

INTERESTS yoga, dance, physical fitness, reading, theatre (plays & musical productions) and decorating

Please indicate below if you are a Town Employee or serve on any Town Board.

N/A

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission  |
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| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 3-23-22 Recorded 3-23-22 Application Expires 3-23-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

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YOUR NAME Rj Sheedy

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (508) 244-2136 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS rjsheedy867@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION MHS Graduate, class of 2014. Studied communication at Worcester State University.

EXPERIENCE Proud member, organizer and rep of UFCW 1445 & Clerk at Stop And Shop. Also ran for office twice, am a town meeting member, and have been a longtime member of Milford TV since it's inception.

INTERESTS Community events, media relations, organizing and education.

Please indicate below if you are a Town Employee or serve on any Town Board.

I am a town meeting member in precinct 5.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                                      |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                   | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input checked="" type="checkbox"/> Personnel Board   |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-12-21 Recorded 4-12-21 Application Expires 4-12-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

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YOUR NAME Candace Skorupa

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 473-8322 & EVENINGS( ) same

EMAIL ADDRESS c.skorupa19@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Bachelor of music University of Rhode Island  
30yrs Classroom music teacher and Chorus in  
Medway and Hopedale; Piano Teacher to present

EXPERIENCE Community Concert Association (Franklin) Program  
Planner 1980's  
Milford Theater Guild 1980-1990's semi leads

INTERESTS Vice President Greenleaf Garden Club of Milford 2007-2009  
2021-2023 Program Chair  
Boston Symphony Orchestra, Clafin Hill Symphony Orchest  
Piano Teaching, Gardening

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| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Milford Youth Commission                |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

FOR OFFICE USE ONLY: Date Rec'd 4-26-21 Recorded 4-26-21 Application Expires 4-26-24  
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 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

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YOUR NAME Frederick [Fritz] Smith

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 508-479-8124 & EVENINGS( ) 508-479-8124

EMAIL ADDRESS CatScratchFurniture@hotmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Degree in Cabinet and Furniture Making [Last education]

EXPERIENCE Retired Quality Engineer, Furniture and Cabinet Maker, Kitchen Designer. Past President Eastern Massachusetts Guild of Woodworkers, Past Vice President Milford Community Choir. Friend of the Library.

INTERESTS Drawing, Sculpture, Furniture Making, Supporting the Arts,

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 508-634-2303 Fax 508-634-2324

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YOUR NAME Asheley St.Clair III

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 212-960-8641 ) & EVENINGS( 212-960-8641 )

EMAIL ADDRESS covhope@hotmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION MA Theological Studies

EXPERIENCE Currently employed by The Guild for Human Services as a TA, have worked with Pinestreet Inn as a Manager in a Residential Program in Brookline, was employed as an administrative Assistant to Pastor Samuel B. Hogan, Sr. Jurisdictional Bishop of MA 1st and a tenured Professor at Harvard University for over 10 years. In this varying roles it was of the utmost importance to have an understanding of the cultural differences of the community you served.

INTERESTS Counseling, volunteering for senior citizens and the homeless populations of my community. Teaching and networking with young and sharing the importance of giving back in some way.

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N/A

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- |   |  |
|---|--|
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|   | <input type="checkbox"/> Zoning Board of Appeals                 |
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# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

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YOUR NAME Khizra Syeda

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (508) 377-2669 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS inconspicuousseal@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

### EDUCATION

Bachelor of Arts in Environmental Science at UMass Boston 2018

### EXPERIENCE

- Brush 2 Table
- BSC environmental tech
- MACC education intern
- Art Commissions
- Moderator for small fanart club
- retail jobs:
  - Gap: Sales
  - Market Basket: Cashier
  - Target: Sales
- small art business

### INTERESTS

- Art
- Culture
- nature
- Advocacy for LGBT+, environment, racial justice, + poverty.
- planning art projects + challenges

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- |   |   |
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| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

FOR OFFICE USE ONLY: Date Rec'd 4-11-22 Recorded 4-11-22 Application Expires 4-11-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Verne L. Thayer

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) Cell 508-282-1332 & EVENINGS( ) 508-282-1332

EMAIL ADDRESS vern1620@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Associate Applied Science, Management

EXPERIENCE Artist 50+ yrs

INTERESTS Oil Painting, Leather work, Genealogy, History



Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input checked="" type="checkbox"/> Milford Cultural Council     |
| <input type="checkbox"/> Council on Aging                       | (formerly Arts Lottery Council)                                  |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Milford Youth Commission                |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

**FOR OFFICE USE ONLY:** Date Rec'd 4-26-21 Recorded 4-26-21 Application Expires 4-26-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Stephen Vond

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 8169510 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS stevovond@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION BS at Emerson College, Boston, MA

EXPERIENCE acting + communications  
Disc jockey - radio WCIN Worcester

INTERESTS Music + arts (performing + visual)

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |   |
|---|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                                      |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission   |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board  |
|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

FOR OFFICE USE ONLY: Date Rec'd 4-26-21 Recorded 4-26-21 Application Expires 4-26-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

## ZONING BOARD OF APPEALS

# OF VACANCIES: *ONE (1)*

BOARD RECOMMENDATION: *DAVID CLARO*

## Lena Pires

---

**From:** Dave Consigli <dave.consigli@c21regroup.com>  
**Sent:** Thursday, June 9, 2022 12:20 PM  
**To:** Lena Pires  
**Cc:** Dave Consigli  
**Subject:** Re: Appointments/ Reappointments

**CAUTION:** This email originated from outside the **Town of Milford**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Lena, the legal department has Tim Walsh resignation letter .

Upon review of the applications, I would recommend David Claro as an alternate member . David has vast experience in the permitting process of zoning , planning , understanding the development process and familiar with zoning regulations in most local communities around and including Milford

Thank you  
David

David Consigli  
Chairman  
Milford Zoning Board



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME David Claro

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 774-248-0192 ) & EVENINGS ( same )

EMAIL ADDRESS \_\_\_\_\_

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Associates in Engineering at Mass bay community college

EXPERIENCE Home building and land development as of 2005- Claro Construction Corporation  
25 years working in the trades  
Construction supervisors License  
A & B Hydraulics License

INTERESTS Serving the community

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input checked="" type="checkbox"/> Conservation Commission     | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 12-23-20 Recorded 12-23-20 Application Expires 12-23-2023  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Jeff Birdwell

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 910-703-2336 & EVENINGS ( ) 910-703-2336

EMAIL ADDRESS jeffbirdwell@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Currently finishing BS in Economics from Penn State.

EXPERIENCE 6 years in Passenger Rail Transit.  
12 years in Rail Industry.  
Currently employed by Amtrak in Quality Management.  
Worked with MBTA, RTDC, and other transportation.

INTERESTS Public Transportation, Finance, Zoning, Planning, School

Please indicate below if you are a Town Employee or serve on any Town Board.

N/A

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission                        |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee      |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council                     |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> (formerly Arts Lottery Council)              |
| <input type="checkbox"/> Fair Housing Committee                    | <input type="checkbox"/> Milford Geriatric Authority                  |
| <input checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input checked="" type="checkbox"/> Other (Describe Below)            |

Public Transportation Advisory Committee

**FOR OFFICE USE ONLY:** Date Rec'd 10-13-20 Recorded 10-13-20 Application Expires 10-13-23  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



## MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

### APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Steven Borges

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 508.317.1244 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS stevenlborges@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Suffolk University

EXPERIENCE 4+ years Construction Industry - 5+ years Real Estate Industry - served 2 years IDC

INTERESTS Serving our community

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input checked="" type="checkbox"/> Conservation Commission     | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee      | <input type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 11-30-21 Recorded 11-30-21 Application Expires 11-30-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

## **Application for Appointment to Board or Committee**

I'd like to add a little more about myself in regards to my application. Although there are 3 committees I'd be happy to serve on, Zoning Board of Appeals would be my first choice.

I was born and raised in Milford. I went off to college in 2000 and eventually moved back to Milford in 2016 married with 3 children. I have been a full time real estate agent for 5+ years now. Prior to that, I spent 4+ years working alongside a local contractor while I got licensed and started in Real Estate.

I love this town and feel compelled to somehow give back to this community. I've been a town meeting member since 2017 and would like to join a board that would best utilize my experience and skill set. I believe the ZBA would be the best fit.

Thank you for your consideration.



Steven Borges



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757

508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME James Hughes

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 648-2138 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS J.hugh70@yahoo.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

**EDUCATION**

Bachelors of Science/Economics

**EXPERIENCE**

Retail Management (June 1998 - March 2022)  
Consumer Sales Manager (March 2022 - Pres.)  
Inventory Control Assoc. (July 2021 - Pres.)

**INTERESTS**

Sports, Music, Gardening, Animals

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                            |
| <input type="checkbox"/> Commission on Disability                  | <input checked="" type="checkbox"/> Industrial Development Commission                |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input checked="" type="checkbox"/> Council on Aging               | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input type="checkbox"/> Milford Youth Commission                                    |
| <input checked="" type="checkbox"/> Finance Committee              | <input checked="" type="checkbox"/> Personnel Board                                  |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 6-2-22 Recorded 6-2-22 Application Expires 6-2-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Abolghasem Moazeni

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 510-9150014 ) & EVENINGS( 5109150014 )

EMAIL ADDRESS Moazeni42@aol.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION BS Mechanical Engineering and Systems Engineer

EXPERIENCE 20 years of restaurant management and 22 years of IT Systems Engineering

INTERESTS Music, Theater, Parks, Musume and learning about different cultures to promote undrestanding.

Please indicate below if you are a Town Employee or serve on any Town Board.

No

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input checked="" type="checkbox"/> Historical Commission                   |
| <input checked="" type="checkbox"/> Commission on Disability       | <input checked="" type="checkbox"/> Industrial Development Commission       |
| <input checked="" type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input checked="" type="checkbox"/> Conservation Commission        | <input checked="" type="checkbox"/> Milford Cultural Council                |
| <input checked="" type="checkbox"/> Council on Aging               | (formerly Arts Lottery Council)   |
| <input checked="" type="checkbox"/> Fair Housing Committee         | <input checked="" type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Milford Youth Commission                           |
|  | <input type="checkbox"/> Personnel Board                                    |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals                 |
|  | <input type="checkbox"/> Other (Describe Below)                             |

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-21 Recorded 4-23-21 Application Expires 4-23-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Robert J. Speroni

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 774-573-1135 ) & EVENINGS( Same )

EMAIL ADDRESS rjsperoni@verizon.net

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Ma. Dept. Education Vocational Instructor. Fitchburg State University

EXPERIENCE Certified Building Commissioner Ma. Dept. Professional Licensure, Zoning Enforcement Officer. 30 Years

INTERESTS

Please indicate below if you are a Town Employee or serve on any Town Board.

N/A

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input checked="" type="checkbox"/> Zoning Board of Appeals                          |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 4-8-21 Recorded 4-8-21 Application Expires 4-8-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA  
01757 508-634-2303 Fax 508-634-2324

## APPLICATION ON FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for three years. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

**YOUR NAME Michael P. Visconti, Jr. Submitted on 6 / 15 / 2021 & every previous year since 2009**

**YOUR ADDRESS:** \_\_\_\_\_

TELEPHONE NOS. FOR WEEKDAYS: 508-473-0014 & EVENINGS: 508-473-0014

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EXPERIENCE:

INTERESTS: Volunteering my services to the town of Milford

Please indicate below if you are a Town Employee or serve on any Town Board.

Town Meeting member for 40 + years

Please check below the Board(s) on which you are interested in serving:

- Cable TV Complaint Committee
- Capital Improvement Committee
- Cedar Swamp Pond Development Committee
- Commission on Disability
- Community School Use Committee
- Conservation Commission
- Council on Aging
- Fair Housing Committee
- Finance Committee
- Historical Commission

- Industrial Development Commission
- Memorial Hall Cultural Center Committee
- Milford Cultural Council (Formerly Arts Lottery Council)
- Milford Geriatric Authority
- Milford Youth Commission
- Personnel Board
- Zoning Board of Appeals
- Other (Describe Below)

FOR OFFICE USE ONLY: Date Rec'd 6-15-21 Recorded 6-15-21 Application Expires: 6-15-2024  
21 Referred to Board Chair for  
review/Comment/Recommendation \_\_\_\_\_ Revised 7/8/05

# **YOUTH COMMISSION**

**COMMISSION RECOMMENDATION: *CHRISTINE CREAN***

## Lena Pires

---

**From:** Brendan Rickert  
**Sent:** Thursday, June 9, 2022 9:31 AM  
**To:** Lena Pires; Sousa, Steve; Jennifer Ward  
**Subject:** Re: Presumed appointments/ reappointments

Hi Lena,

At the last board meeting, the majority of the group recommends Christine Crean to be appointed to open seat.

The Select Board in a public meeting has told us they will NOT go above 11 seats. Last year we submitted an article for Town Meeting to reduce the number to 11 (from 21) however the Select Board without notice or discussion removed our article from the warrant despite the committee's right to sponsor articles.

We would ask that only ONE seat is filled to have an odd number again. We also look forward to having the Select Board sponsor an article for the fall Town Meeting to reduce the number to 11.

Please let me know if you have any questions. Have a great day!

Brendan



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Christine Crean

YOUR ADDRESS: \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 617-852-3824 ) & EVENINGS ( 617-852-3824 )

EMAIL ADDRESS cmcrean56@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Providence College, BA Social Work 1978; Salem State College, MSW 2009; Post Graduate Cert

EXPERIENCE Elderly Home Care, Caseworker 1978-1980; Dept. of Children & Families, Social Worker, Adoption Worker, Supervisor 1980-2015; Private Mental Health Practice 2016-present.

INTERESTS Running; sailing; skiing; cooking & baking

Please indicate below if you are a Town Employee or serve on any Town Board.

I am a Town Meeting Member and on the Town Meeting Study Improvement Comm

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input checked="" type="checkbox"/> Milford Youth Commission     |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

**FOR OFFICE USE ONLY:** Date Rec'd 4-4-22 Recorded 4-4-22 Application Expires 4-4-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Robyn Bratica

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 774-573-9216 & EVENINGS( ) 774-573-9216

EMAIL ADDRESS robyn.bratica.phd@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION PhD in School Psychology

EXPERIENCE Assistant Professor of School Psychology, Interim Director of MA/CAGS Program in School Psychology, School Psychologist, Licensed Educational Psychologist, Licensed School Adjustment Counselor and work experience as Special Education Team Chairperson

INTERESTS Mother to a child at Brookside Elementary School with multiple disabilities.

Please indicate below if you are a Town Employee or serve on any Town Board.

Town Meeting Member

Please place "x" beside the Board(s) on which you are interested in serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission                                       |
| <input checked="" type="checkbox"/> Commission on Disability       | <input type="checkbox"/> Industrial Development Commission                           |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                   | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board   |
|  | <input type="checkbox"/> Zoning Board of Appeals                                     |
|  | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 8-30-21 Recorded 8-30-21 Application Expires 8-30-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

**APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE**

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Samantha Cesario

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (315)5-256-6392 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS Samanthacesario@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION UAlbany: Master of Science: Library Information and Services

EXPERIENCE \_\_\_\_\_

INTERESTS Community organizing, youth work, arts & culture,

Please indicate below if you are a Town Employee or serve on any Town Board.

Supervisor of Youth Services at the Milford Town Library

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee    | <input type="checkbox"/> Historical Commission  |
| <input type="checkbox"/> Commission on Disability                  | <input type="checkbox"/> Industrial Development Commission                                      |
| <input checked="" type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee                                |
| <input type="checkbox"/> Conservation Commission                   | <input checked="" type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input type="checkbox"/> Personnel Board  |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-21-21 Recorded 4-21-21 Application Expires 4-21-2024  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_





# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Laura Crisafulli

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 508-400-7228 & EVENINGS( ) \_\_\_\_\_

EMAIL ADDRESS littleduke52@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Graduate of MHS Class of 1986/ Graduate of Mass Bay Community College Class of 1988

EXPERIENCE Licensed Loan Originator 25 + Years

INTERESTS Cooking & Entertaining

Please indicate below if you are a Town Employee or serve on any Town Board.

~~NA~~ Town meeting member

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input type="checkbox"/> Zoning Board of Appeals                                     |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME Kathleen Donovan

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS 508 422-6608 & EVENINGS ( ) \_\_\_\_\_

EMAIL ADDRESS Kdonovan@fagschool.org

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION RNBSN

EXPERIENCE private school nurse

INTERESTS member of celebrate Milford. Board member.

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input checked="" type="checkbox"/> Milford Youth Commission     |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

FOR OFFICE USE ONLY: Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Rosanna Blanchard-Erickson

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 774-230-0082 & EVENINGS( ) 774-230-0082

EMAIL ADDRESS rosannab0831@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Milford High School Class of 1986

EXPERIENCE Having grown up personally, and having raised my children in Milford, I am highly invested in our community. As a professional Realtor, I am continually working with clients who are moving to our Town, and I advocate greatly for all Milford has to offer. My youngest child just graduated Milford High, and the MYC has been a large part of his development.

INTERESTS Cooking, interior design, entertaining, and spending quality time with family and friends,

Please indicate below if you are a Town Employee or serve on any Town Board.

Town Meeting Member \_\_\_\_\_

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                   |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input checked="" type="checkbox"/> Milford Youth Commission     |
|   | <input type="checkbox"/> Personnel Board                         |
|   | <input type="checkbox"/> Zoning Board of Appeals                 |
|   | <input type="checkbox"/> Other (Describe Below)                  |

**FOR OFFICE USE ONLY:** Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

YOUR NAME William Farrell

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (508) 282-0348 & EVENINGS ( ) SAME

EMAIL ADDRESS billfenny@comcast.net

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION BS - Accounting (Bentley University)  
MBA - Lake Forest Graduate School of Mgmt.

EXPERIENCE 40 years with large corporations in controllership and strategic planning roles.

INTERESTS sports, Reading, cribbage

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- Cedar Swamp Pond Development Committee
- Commission on Disability
- Community School Use Committee
- Conservation Commission
- Council on Aging
- Fair Housing Committee
- Finance Committee

- Historical Commission
- Industrial Development Commission
- Memorial Hall Cultural Center Committee
- Milford Cultural Council  
(formerly Arts Lottery Council)
- Milford Geriatric Authority
- Milford Youth Commission
- Personnel Board
- Zoning Board of Appeals
- Other (Describe Below)

FOR OFFICE USE ONLY: Date Rec'd 2-7-22 Recorded 2-7-22 Application Expires 2-7-25  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Jane Newman

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) 774-244-6173 & EVENINGS( ) 774-244-6173

EMAIL ADDRESS jcrew6201@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION M.Ed Boston University/ CAGS- Cambridge College

EXPERIENCE Full-time teacher in an urban high school. Daily planning of academic tasks, daily interaction with adverse student population, supervision of staff and students, mother of 2 Milford students.

INTERESTS Volunteering, Milford Youth Sports, walking my puppy, baking.

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input type="checkbox"/> Zoning Board of Appeals                                     |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Lee Scudo

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 508-498-7626 ) & EVENINGS( 508-498-7626 )

EMAIL ADDRESS leescudo15@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION Belmont High School, 1990.

EXPERIENCE Medical Assistant, EMT, Case Worker (recovery center), Alumni Coordinator (recovery center), Post-partum doula, Milford Youth Soccer Coach.

INTERESTS Cycling, reading, coaching youth sports, arts and crafts.

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input type="checkbox"/> Zoning Board of Appeals                                     |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Susanne Tourtellot

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( 508-498-6999 ) & EVENINGS( same )

EMAIL ADDRESS Susannetourt@gmail.com

**PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.**

EDUCATION High School Graduate

EXPERIENCE have been involved with youth sports , cheer mom, life long resident of the town. I have always wanted to take part in the towns doings but never really had opportunity.

INTERESTS walking, hiking, biking, watching my kids at all their sports.

Please indicate below if you are a Town Employee or serve on any Town Board.

**Please place "x" beside the Board(s) on which you are interested in serving:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission                           |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input type="checkbox"/> Zoning Board of Appeals                                     |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

**FOR OFFICE USE ONLY:** Date Rec'd 8-6-21 Recorded 8-6-21 Application Expires 8-6-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



# MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
508-634-2303 Fax 508-634-2324

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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YOUR NAME Courtney Walsh

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS (301) 467-5075 & EVENINGS (301) 467-5075

EMAIL ADDRESS cwalsh2716@gmail.com

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Bachelor's Degree - New England College  
Henniker, NH

EXPERIENCE

I have worked w/ kids from age 12+  
Have 2 kids of my own - 6+4

INTERESTS

keeping kids safe  
sports

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |   |  |
|---|--|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission                                       |
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| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee                     |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> Milford Geriatric Authority                                 |
| <input type="checkbox"/> Fair Housing Committee                 | <input checked="" type="checkbox"/> Milford Youth Commission                         |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Personnel Board   |
|   | <input type="checkbox"/> Zoning Board of Appeals                                     |
|   | <input type="checkbox"/> Other (Describe Below)                                      |

FOR OFFICE USE ONLY: Date Rec'd 11-17-21 Recorded 11-17-21 Application Expires 11-17-24  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_