FY/15 SRB FORM-3 RESPONSES

TOWN	SUPPORT	NO SUPPORT	NO RESPONSE
Acton	Х		
Ashland	X		
Auburn			X
Ayer	X	· · · · · · · · · · · · · · · · · · ·	
Berlin	X		
Billerica	X		es precipitative between
Blackstone	Х		
Boxborough	X		
Boylston	Х		
Chelmsford	X		
Clinton	-		Х
Devens*			
Dracut	X		
Fitchburg	X		
Holliston	Х		
Hopedale	X		
Hopkinton	Х		
Hudson	X		
Lancaster	X		
Leominster	X		The state of the s
Littleton	X		
Lowell	eteriquya X 3/2		Salar de la companya
Lunenburg	X		
Mariboro	X		
Milford		_	X
Millbury	X		
Millville	X		
Natick	X		
Northboro		***	X
Northbridge	X		
Sherborn	X		
Shrewsbury	X	N L 大大大学 () 大大学()	12.27
Southboro	X		
Stow	X		
Sturbridge	X		H SO SEAL MY COMPANIES. AC ASSESSMENT
Tewksbury	X		
Webster	X		Afterno Lott - Arthrophical Bernote Annothing
Westboro	X		
Westford	Х		
Wilmington	Х		
TOTALS	35	0	4

Devens* is direct billed, and not a cherry sheet assessment

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration I, Steven edoux the chief executive officer of Town/City of (Print Name/ and Sign Name) (Print Name/ and Sign Name) (Please Print)
hereby designate to sign this declaration. (Print Name)
(Please check applicable box below) ☑ Support □ Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: Doug Halley
Signature (Please Print)
Position: Health Directar
Date:

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration					
I,(Print Name/	da Great	OURS_the chie	f executive officer o	of Town/City of	(Please Print)
hereby designa		Print Name)		to sign this	declaration.
(Please check a	applicable box be	low)			
Suppo	ort et Support				
thereof, expres	ssed both as a pe	rcentage and as a	dollar amount as	provided to this	ed proportionate share municipality in compliance impliance Certification
Name:	<u> 4000</u>		eaues		
Signature:	Much	(Please Print)	··		
Position: _	Chairm	an, Barc	dofSelect	tmen	
Date: _	may	14.2014			
	()				

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration Robert A. Pontbriand Robert A. Pontbrink
the chief executive officer of Town/City of Azer
(Print Name/ and Sign Name) (Please Print)
hereby designate Heather Husz to sign this declaration. (Print Name)
(Please check applicable box below)
□ Support □ Suppo
☐ Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification
Policy .
Name: Heather 41282
Signature: (Please Print)
Position: Charman, Hyer BOH
Date: 4 11412014

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>				
I, Judith (Print Name/	BOOMOM and Sign Name)	the chief executive o	officer of Town/City of	Berlin (Please Print)
hereby designa		Booman Name)	to sign this	declaration.
(Please check a	pplicable box below)		
∑ Suppo □ Do No	rt t Support			
thereof, expres	sed both as a percer	udget proposed and this ntage and as a dollar amo squito Control Board Bud	unt as provided to thi	s municipality in compliance
Name:	Judith B	ooman		
Signature:	guduth	Bode Print)		
Position:	Selectmen	-Chair perso	\mathcal{N}	
Date:	4/28/14			

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

<u>Deciai audii</u>	· / A)			\(\sigma\)
1, John C.		e chief executive offic	cer of Town/City of	Billerica
(Print Name	/ and Sign Name)	- 1		(Please Print)
hereby design	nate Richard R	Berube	to sign this dec	laration.
	(**************************************			
(Please check	applicable box below)			
Supp	ort			
•	ot Support			
	or support			
thereof, expre	ry mosquito control budget p essed both as a percentage ar e Reclamation and Mosquito (nd as a dollar amount	t as provided to this mi	unicipality in compliance
Name:	John C. Curi	an		
Signature:	Shu Cliplease	e Print)		
Position:	Town Mana	ger		
Date:	5/1/201	4		

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration I, Daws M. (Print Name)	Keys A La Kaya / and Sign Name)	_the chief executive offi	cer of Town/City of _	B/AcKsfall (Please Print)
hereby design	nate <u>William T.</u> (Print Nam		to sign this (declaration.
Suppo	applicable box below) ort ot Support			
thereof, expre	ry mosquito control budge essed both as a percentage e Reclamation and Mosqui	e and as a dollar amoun	t as provided to this	municipality in compliance
Name:	anceson Ture	54		
Signature: Position:	Han t dass	ease Print)		
Date:	5/20/14			

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
	e chief executive officer of Town/City of <u>Box borough</u>
(Print Name/ and Sign Name)	(Please Print)
hereby designate	to sign this declaration.
(Print Name)	
(Please check applicable box below)	BOH Supports the program payout four
Support	6000 ATT 6 5-14-190
☐ Do Not Support	to sign this declaration. BOH Supports the PROVING PAYOUT FORM. LOCAL AID DISTRIBUTION: Branda of fourt 5-14-14 Maria C. Common 5-14-14 Proposed and this municipality's estimated proportionate share
thereof, expressed both as a percentage an	roposed and this municipality's estimated proportionate share and as a dollar amount as provided to this municipality in compliance Control Board Budget Notification and Compliance Certification
Name:	
(Please	e Print)
Signature:	
Position:	
Date:	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration Ames Usoop	the chief executive officer of Town	/City of
(Print Name/ and Sign Name)		Wiease Print)
hereby designate (P	ENNIS COSTECCO to s Print Name)	sign this declaration.
(Please check applicable box be	elow)	
Support		
☐ Do Not Support		
Do Not Support		
thereof, expressed both as a pe	rol budget proposed and this municipality's ercentage and as a dollar amount as provided Mosquito Control Board Budget Notification	ed to this municipality in compliance
Name: De Mus	M. Costello	_
Signature: Manue	(Please Print) Cost Ols	
Position: <u>HEALTH</u>	4 AGENT	
Date: MAY	13, 2014	

Both a copy and the original declaration should be submitted to the district who will forward all member communities' declarations to the State Reclamation and Mosquito Control Board <u>no later than April 15th</u>

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

Declaration () A
(Print Name/ and Sign Name) the chief executive officer of Town/City of (Please Print)
hereby designate (Print Name) to sign this declaration.
(Please check applicable box below)
☑ Support
☐ Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: Tichned Jo Day
Signature: (Please Print) Day
Position: Director of Public Health, - Chelms Ford.
Date: April 14 2014.

Page 1 of 1

State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

Declaration I, Ann Van Dan Sign Name) the chief executive officer of Town/City of (Print Name/ and Sign Name) to sign this of (Print Name)	(Please Print) declaration.
(Please check applicable box below)	
🗏 Support	
☐ Do Not Support	
the preliminary mosquito control budget proposed and this municipality's estimate thereof, expressed both as a percentage and as a dollar amount as provided to this with the State Reclamation and Mosquito Control Board Budget Notification and Co	municipality in compliance
Name: Ann Vansar	
Signature: (Please Print)	
Position: Acting Town Manager	
Date: 4/24/14	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OF NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>					
1, <u>L(S)</u> / (Print Name/	and Sign Name	the chief execut	tive officer of Town		(Please Print)
hereby designa	ite <u>Tephen</u> (Prin	D. Civry t Name)	to	sign this declara	tion.
(Please check a	pplicable box below	v)			
☑ Suppor	rt t Support				
thereof, expres	sed both as a perce Reclamation and Mo	oudget proposed and ntage and as a dollar osquito Control Board	amount as provid	ed to this munic	ipality in compliance
Name:	LISA	A Wong		- -	
Signature: _	Din a g	(Please Print)			
Position:	Mayo	<i>*</i>			
Date:	4/28/14	1			

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
I, John J. Leany, Jr. (Print Name/ and Sign Name)	the chief executive officer of Town/City of
hereby designate(Print Na	to sign this declaration.
(Please check applicable box below)	
Support □ Do Not Support	
thereof, expressed both as a percental	get proposed and this municipality's estimated proportionate share ge and as a dollar amount as provided to this municipality in compliance uito Control Board Budget Notification and Compliance Certification
Name: John D. Leany	Jn
Signature:	Nease Print)
Position: Chair, Boand o	F Soltsfort S
Date: 4/23/14	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OF NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
the chief executive officer of Town/City of Print Name/ and Sign Name)	PEDALC Please Print)
hereby designate LONNY 2220 - HEWALTH Agent to sign this declaration (Print Name)	on.
(Please check applicable box below)	
Support Do Not Support	
the preliminary mosquito control budget proposed and this municipality's estimated propo thereof, expressed both as a percentage and as a dollar amount as provided to this municip with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Policy.	pality in compliance
Name: STEVEN A-SETTE	
Signature: (Please Print)	
Position: Town Coonsinutton	
Date:	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OF NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration I, Wown (Print Name	e/ and Sign Name		nto the live of town/City ofto sign this c	HUUSON (Please Print) declaration.
(Please check	k applicable box	k below)		
✓ Supp ☐ Do N	oort Iot Support			
thereof, expr	essed both as a e Reclamation a	percentage and as a dollar and Mosquito Control Boar	I this municipality's estimate ramount as provided to this d Budget Notification and Co	municipality in compliance
Name:	SAM	WONG (Please Print)		
Signature:	Som	(FIEUSE FIIIL)		
Position:	DIRECTOR O	Z PUBLIC AND COMMU	NITY HEALTH SERVICES	
Date:	4/25/	2014		

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>				
i, Jean 1	M Syria	the chief execu	tive officer of Town/C	ity of Lancaster
(Print Name	e/ and Sign Name)			(Please Print)
hereby design		Pache (O	to sig	n this declaration.
(Please check	k applicable box belov	w)		
⊠ Supp	oort			
□ Do N	lot Support			
thereof, expr	essed both as a perc	entage and as a dollar	amount as provided	stimated proportionate share to this municipality in compliance and Compliance Certification
Policy .	_		· ·	·
Name:	Orlando F	9CN()		
Signature:	Talondo	- Faction		
Position:	Town Adr	notatainin		-
Date:	6/4/14			

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>		
l,	the chief executive officer of Town/City of _	Lapminster
(Print Name/ and Sign Name)		(Please Print)
hereby designate	to sign this c	declaration.
(Print N	ame)	
(Please check applicable box below)		
✓ Support		
□ Do Not Support		
thereof, expressed both as a percent	dget proposed and this municipality's estimate age and as a dollar amount as provided to this quito Control Board Budget Notification and Co	municipality in compliance
Name: Dean	J. Mazzarella (Please Print)	
Signature:	(Please Print)	
Position: Mayo	L	
Date: 5/16/	14	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration

(Print Name/ and Sign Name) the chief executive officer of Town/City of Utleton (Please Print)
hereby designate Bonne 1018ton to sign this declaration. (Print Name)
(Please check applicable box below)
Support □ Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: Bonnie maetts/Sto
Signature: (Please Print)
Position: Ast. Town Administration
Date: 4-29-2014 Voted by Board & Selectmen
Both a copy and the original declaration should be submitted to the district who will forward all member

communities' declarations to the State Reclamation and Mosquito Control Board

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>

(Print Name/ and Sign Name) the chief executive officer of Town/City of(Please Print)
hereby designate FRANK SIN GETON to sign this declaration. (Print Name)
(Please check applicable box below) ☑ Support ☐ Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: FRANK SIN GUETON (Please Print)
Signature: (Please Print)
Position: HEALTH DINGCTOL
Date: 4) 25 2014

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

<u>Declaration</u>
Board of Selectmes the chief executive officer of Town/City of LUNENOUS (Please Print)
ereby designate GEORGE EMOND, Charr to sign this declaration. (Print Name) Board of Health
Please check applicable box below)
☑ Support☐ Do Not Support
ne preliminary mosquito control budget proposed and this municipality's estimated proportionate share nereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance ith the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification blicy.
ame: George L. EMOND JR.
gnature: Levrye Onward.
osition: Chareman B.O.H-
ate: 4/28/14

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
I, <u>Arthur G. Vigeant</u> the chief (Print Name/ and Sign Name)	executive officer of Town/City of <u>Marlborough</u> (Please Print)
hereby designate	to sign this declaration.
(Please check applicable box below)	
Support Do Not Support	
thereof, expressed both as a percentage and as a	ed and this municipality's estimated proportionate share dollar amount as provided to this municipality in compliance I Board Budget Notification and Compliance Certification
Name: Arthur G. Vigeant	
Signature: Signature:	
Position: Mayor	
Date: 5/16/14	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration I, Rebart Shall the chief executive officer of Town/City of MILLBURY (Please Print)
hereby designate Krbert Japan to sign this declaration. (Print Name)
(Please check applicable box below)
Support Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: Robert J Stall
Signature:
Position: Joseph AMAGS
Date: 5/15/14

Both a copy and the original declaration should be submitted to the district who will forward all member communities' declarations to the State Reclamation and Mosquito Control Board <u>no later than April 15th</u>

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OF NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>
Board of Selectmen the chief executive officer of Town/Gity of Milvile (Please Print)
hereby designate ROLAND P. BRYPET to sign this declaration, CLS
(Please check applicable box below) Voted on April 22, 2014.
Support Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: Roland P. Barrett
Signature:
Position: Board of Selectmen-Chair
Date: April 22, 2014

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OF NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>
(Print Name/ and Sign Name) (Print Name/ and Sign Name) (Please Print)
hereby designate <u>James M. White</u> to sign this declaration. (Print Name)
(Please check applicable box below)
Support Do Not Support
the preliminary mosquito control budget proposed and this municipality's estimated proportionate share thereof, expressed both as a percentage and as a dollar amount as provided to this municipality in compliance with the State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy.
Name: AMIS AL White TR
Signature: (Plebse Print)
Position: DIRECTOR OF PRIBUC HOALTH
Date: 48, 2014

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Page 1 of 1

State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
I, Daniel Notan Daniel Me the chief executive officer of Town/City of (Print Name/ and Sign Name)	Northbridge (Please Print)
hereby designate Theodore Kozak to sign this (Print Name)	declaration.
(Please check applicable box below)	
Support ☐ Do Not Support	
the preliminary mosquito control budget proposed and this municipality's estimate thereof, expressed both as a percentage and as a dollar amount as provided to this with the State Reclamation and Mosquito Control Board Budget Notification and Control Policy.	s municipality in compliance
Name: THENDORE! / KOZAK	
Signature: (Please Print)	
Position: / Zu Mishmin	
Date: 5/6/14/	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>	
	T. Monrol the chief executive officer of Town/City of Shrews (Please Print)
hereby designa	to sign this declaration. (Print Name)
(Please check a	applicable box below)
Suppo Do No	rt t Support
thereof, expres	y mosquito control budget proposed and this municipality's estimated proportionate share ssed both as a percentage and as a dollar amount as provided to this municipality in compliance Reclamation and Mosquito Control Board Budget Notification and Compliance Certification
Name:	DAMAN J. MORLADO
Signature:	(Please Print)
Position:	Touy Mayor
Date:	5/28/2014

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>			
(Print Name/a		the chief executive officer of Town/City of _	(Please Print)
hereby designat	e Swite (Print N	to sign this c	declaration.
(Please check ap	plicable box below)		
Support Do Not	t Support		
thereof, express	ed both as a percent	dget proposed and this municipality's estimate age and as a dollar amount as provided to this quito Control Board Budget Notification and Co	municipality in compliance
Name: _	David Wil	lloans	
Signature: _	makul	(Masse Print)	
Position: _	TA		
Date:	4/10/14		

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>				
l, <u>PAN</u> K (Print Name/ an	d Sign Name)	the chief exec	cutive officer of Town/City o	(Please Print)
hereby designate	PAN (Print	KCIENDA Name)	to sign th	is declaration.
(Please check app	plicable box below	·)		
Support Do Not S				
thereof, expresse	ed both as a percer	ntage and as a dolla	nd this municipality's estimates ar amount as provided to too to deep the rd Budget Notification and	his municipality in compliance
Name:	PAN L. KO	UENTA		
Signature:	Dina	(Please Print)	risola	
Position:	CHARMAN.	BOARD OF SE	LECTMEN	
Date:	5-9-14			

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

Declaration

1, Brelian Monfeld the chief executive offi	
(Print Name/ and Sign Name)	(Please Print)
hereby designate Richard A. Montuoni (Print Name)	to sign this declaration.
(Please check applicable box below)	
★ Support	
□ Do Not Support	
the preliminary mosquito control budget proposed and this methereof, expressed both as a percentage and as a dollar amount with the State Reclamation and Mosquito Control Board Budge Policy.	at as provided to this municipality in compliance
Name: Richard A. Montuoni	
Signature: Signature:	
Position: Town Manager	
Date: 5/20/19	
Both a copy and the original declaration should be submitted to	o the district who will forward all member

communities' declarations to the State Reclamation and Mosquito Control Board no later than April 15th

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

<u>Declaration</u>	
the chief executive officer of Town/Cit	y of Nobster (Please Print)
hereby designate John Mc audif e to sign (Print Name)	this declaration.
(Please check applicable box below)	
Support Do Not Support	
the preliminary mosquito control budget proposed and this municipality's esti thereof, expressed both as a percentage and as a dollar amount as provided to with the State Reclamation and Mosquito Control Board Budget Notification an Policy.	this municipality in compliance
Name: John buc autiffe	
Signature: Signature:	
Position: Aown Administration	
Date: 4 10 14	

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>				
' <i>/</i>	S MALLOY (and Sign Name)	the chief executive	officer of Town/City of _	WESTBOROUGH (Please Print)
hereby design	ateJAMES /		to sign this o	leclaration.
(Please check	applicable box below)			
⊠ Suppo □ Do No	ort ot Support			
thereof, expre	ssed both as a percent	tage and as a dollar am	municipality's estimate ount as provided to this dget Notification and Co	municipality in compliance
Name:	JAMES R	loury		
Signature:	Samo	(Please Print)		
Position:	Town	MANAGER		
Date:	4-14-	-14		

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF SUPPORT OR NO SUPPORT OF MOSQUITO CONTROL FUNDING FOR FY 15

<u>Declaration</u>		
1, Avdven Per (Print Name)	the chief executive officer of Town/City of and Sign Name)	WESTFORD (Please Print)
hereby designat	te	declaration.
(Please check ap	oplicable box below)	
ズ Suppor □ Do Not	t Support	
thereof, express	mosquito control budget proposed and this municipality's estimate sed both as a percentage and as a dollar amount as provided to this eclamation and Mosquito Control Board Budget Notification and Co	s municipality in compliance
Name: _	SANOY COLLINS (Please Print)	
Signature: _	Sandy Call	
Position: _	HEALTH DIRECTOR	
Date:	5/15/14	

Both a copy and the original declaration should be submitted to the district who will forward all member communities' declarations to the State Reclamation and Mosquito Control Board <u>no later than April 15th</u>

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State Reclamation and Mosquito Control Board Budget Notification and Compliance Certification Policy

DECLARATION OF <u>SUPPORT OR NO SUPPORT</u> OF **MOSQUITO CONTROL FUNDING FOR FY 15**

<u>Declaration</u>				
I, <u>Jeffrey Mull</u> Que (Print Name/ and Sign Na	KafM. Hulkhe	chief executive officer	of Town/City of _	Wilming for (Please Print)
hereby designate	(Print Name)		to sign this d	eclaration.
(Please check applicable I	oox below)			
☑ Support				
☐ Do Not Support	t			
the preliminary mosquito thereof, expressed both a with the State Reclamatic Policy.	s a percentage and	l as a dollar amount a	s provided to this	municipality in compliance
Name:	Jeffrey	M. Hull		
Signature:	Joffney Splease	Print) Hull		
Position:	Town	Manager		
Date:	4/18/20	014		