



This Petition is Sponsored by
**THE CHAPTER 146
ASSOCIATION**
P.O. Box 550 Pembroke, MA
02359

**Joint Committee on State Administration
and Regulatory Oversight State House**
Senate Room # 413A House Room # 22
24 Beacon St.
Boston, MA 02133

**PETITION IN OPPOSITION TO
HOUSE REORG BILL 68**

*"An Act to Reorganize the Department of
Public Safety."*

HOUSE DOCKET, NO. 3749 FILED ON: 1/25/2017
PETITION OF: State Governor: Charles D. Baker

We, citizens and employees within the Commonwealth, the undersigned, call on you to oppose this Article 87: An Act to reorganize the Department of Public Safety. ***This bill is fiscally irresponsible and being justified by an initial cost savings of \$800k and lack of duplication.*** This bill is flawed and if allowed would create additional spending and increases to staffing at (3) three agencies to achieve each agencies new mission. We, believe this Article 87 bypasses the legislative process affording only limited opportunity for public comment and we implore you to vote no on behalf of your and your legislative colleague's constituents.

#1 Name: ROBERT V. BACH Tel. #: 5089964208
Address of Home or Place of Employment 537 QUEENSWAY ST.
ZIP: 02723

I agree to the above statements, Sign: Robert V. Bach DATE: 2-20-17

#2 Name: MATTHEW J. KOCHAN Tel. #: 774 526 9275
Address of Home or Place of Employment 15 COMPOS ST SOMERSET, MA. 02726
ZIP: _____

I agree to the above statements, Sign: [Signature] DATE: 2/20/17

#3 Name: Paul C. Lavoie J.R. Tel. #: 504-729-9275
Address of Home or Place of Employment 45 Fisher Rd. Westport, MA. 02790
ZIP: _____

I agree to the above statements, Sign: Paul C Lavoie DATE: 2/20/17

#4 Name: PAUL CLAVOIE SR. Tel. #: 504-265-3935
Address of Home or Place of Employment 45 Fisher Rd Westport, MA. 02790
ZIP: _____

I agree to the above statements, Sign: Paul Clavoie Sr. DATE: 2/20/17

#5 Name: Jose Toro Tel. #: 508-933-9452

Address of Home or Place of Employment 537 Quequelchan St
FALL River MA ZIP: 0

I agree to the above statements, Sign: Jo. M. Tor DATE: 2-21-17

#6 Name: BARBARA A. BACH Tel. #: 508-996-4208

Address of Home or Place of Employment 21 GREEW ST FAIRHAVEN, MA
ZIP: 02719

I agree to the above statements, Sign: Barbara A. Bach DATE: 2/21/17

#7 Name: ELEANOR Mis Tel. #: 508-993-6617

Address of Home or Place of Employment 378 Alden Rd
FAIRHAVEN MA ZIP: 02719

I agree to the above statements, Sign: Eleanor Mis DATE: 2-21-17

#8 Name: Donna M. LAMONTAGNE Tel. #: _____

Address of Home or Place of Employment 5 WEST SHERMAN STREET
No DARTMOUTH, MA ZIP: 02747

I agree to the above statements, Sign: Donna M Lamontagne DATE: 2-21-17

#9 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____
ZIP: _____

I agree to the above statements, Sign: _____ DATE: _____

#10 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____
ZIP: _____

I agree to the above statements, Sign: _____ DATE: _____