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: Paul C Lavoie JR Tel. #: 504-729-9275

Address of Home or Place of Employment 45 Fisher Road Westport, MA. 02790

ZIP: 02790

I agree to the above statements, Sign: Paul C Lavoie Jr DATE: 2/22/17

#2 Name: Luis Teixeira Tel. #: 774 627 5703

Address of Home or Place of Employment 16 BRIGGS RD

Westport MASS ZIP: 02790

I agree to the above statements, Sign: Luis Teixeira DATE: 2/22/17

#3 Name: MATTHEW J. KOCIAN Tel. #: (508) 676-9355

Address of Home or Place of Employment 537 QUEQUECHAN ST. FALL RIVER, MA

ZIP: 02721

I agree to the above statements, Sign: DATE: 2/22/17

#4 Name: Mike Camara Tel. #: 508-496-2012

Address of Home or Place of Employment 537 Quequechan St Fall River, MA

ZIP: 02721

I agree to the above statements, Sign: Mike Camara DATE: 2-22-17

#5 Name: Javier A Machado Tel. #: 508 676 9355

Address of Home or Place of Employment CLEAN PRODUCTS FALL RIVER, MA

ZIP:

I agree to the above statements, Sign: DATE: 2/22/17

#6 Name: Tel. #:

Address of Home or Place of Employment

ZIP:

I agree to the above statements, Sign: DATE: 2.22.17

#7 Name: Edward N. Lapre Tel. #: 508.989.1702

Address of Home or Place of Employment CST Inc.

537 Quequechan St. Fall River ZIP: 02721

I agree to the above statements, Sign: DATE:

#8 Name: Ed Pettigrew Tel. #: 508-676-9355

Address of Home or Place of Employment CST Inc

537 Quequechan ST Fall River MA ZIP: 02721

I agree to the above statements, Sign: 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: