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 Humphrey Tel. #: 978 372 5348

Address of Home or Place of Employment 263 Ferry RD Haverhill MA

ZIP: 01835

I agree to the above statements, Sign: Paul Humphrey DATE: 23 FEB 2017

#2 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

ZIP: _____

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

#3 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

ZIP: _____

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

#4 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

ZIP: _____

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

#5 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

_____ ZIP: _____

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

#6 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

_____ ZIP: _____

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#7 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

_____ ZIP: _____

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#8 Name: _____ Tel. #: _____

Address of Home or Place of Employment _____

_____ ZIP: _____

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

#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: _____