

Self-Nomination Form

Select Board Member or an Elected Member of a Comparable Executive Branch of Town Government (Town Council/Town Manager or Administrator) to be a Representative to the Southeastern Massachusetts Metropolitan Planning Organization (SMMPO)

I _____, as an Elected Member of the Board of Selectmen/Town Council or Town Manager/Administrator for the Town of _____, declare my interest as a candidate for election by the SRPEDD Commission to the Southeastern Massachusetts Metropolitan Planning Organization (SMMPO) for a two-year term commencing on August 1, 2023.

Print Name: _____

Street Address: _____

Town: _____, MA Zip Code: _____

Phone: _____ email: _____

Signature: _____ Date: _____

Please return forms by **5:00 PM, Thursday, June 15, 2023** to:
Lisa Estrela-Pedro
at:
lestrela@srpedd.org