SEEKONA

- TOWN OF SEEKONK MEETING NOTICE -

Please PRINT clearly or type form

Committee Name: _	_Capital Improvement Cor	mmittee		
Date of Meeting: _ <u>J</u>	anuary 11, 2017		Circle day:	M TWTh F
Time: <u>6:30 PM</u>	Place of Meeting: _Pla	nning Room – Town H	Iall 100 Peck S	t Seekonk, MA
	${ m d}$: (a copy of your agenda may be att		Time stamp:	
1	w and approve previous meeting ss capital plan FY2018	minutes		
Each sheet contains two co	is notice must be filed with the pies. You MUST have two full shee the copies for you. One copy will be copy.	ts (4 copies of the notice) with		
Dated:	Posted I	oy:		
POSTING COPY	CLERK'S FILE COP	Y COMMITTEE FIL	LE COPY	CABLE COPY
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