

CITY OF HAVERHILL

DATE October 13, 2011

Honorable President and Members of the Municipal Council:

The undersigned respectfully asks that he may receive a license for

DRAINLAYER

Drainlayer's Name Bernardo Cibotti Signature [Handwritten Signature]
PRINTED

Home Address:

PO box _____

City/Town Wayland State MA

Business Name N. Cibotti, Inc

Business Address:

Street 79 Roc. Sam Park Road PO Box _____

City/town Braintree State MA Zip Code 02184

Tel No. 781-843-2382 FAX No. 781-843-0281

New/Renewal

Fee \$ 100-

In Municipal Council,

20 _____

Attest:

APPROVED _____

DENIED _____

CITY CLERK

[Handwritten Signature]
CITY ENGINEER

All BONDS m/fe