APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

I	Date
To the Honorable Mayor and the Board of Ald	
The undersigned respectfully prays that he/she Constable in the City of Somerville. This license and limitations set forth in the Somerville Code claws, and any conditions prescribed by the Mayo be revocable at any time at the pleasure of the Bo	e will be subject to all of the terms, conditions, of Ordinances, any applicable State and Federal or or Board of Aldermen. Such permission shall ard of Aldermen.
Name Sosah Pigler	Date of Birth $5-3/-78$
Name Sosq L Pryler Address, City, Zip 276 Cypress Sh How long at this address? Over 3 years	#2 Brooking MA 02445
How long at this address? Over 3 years	Telephone 6/7-470-8317
Present Employer State Street cop	Present Occupation Bushess Analyst
Do you currently hold a License to Carry a firearm Have you ever had a License to Carry a firearm re or had an application for such denied, here or in Where do you currently serve as an appointed Con	evoked or suspended, any other jurisdiction? Yes No nstable?
City or Town Year first Appointed	City or Town Year first Appointed
Somerville 2010	
For new Constables only, Why do you seek apport	
For new Constables only, Who do you expect to	
I certify that I am a citizen of the United States as and accurate under the pains and penalties of perjosignature	

APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts Page 2

Applicant Name	Soseph Figle		<u> </u>
•	OMMENDATION (For 1		NA
I, being a member of a resident of the app that the applicant is each of the statemen	f the Massachusetts Bar in plicant's home community personally known to me, ts on it to be true, and that competent to perform the d	good standing for the last y of that I have reviewed this t the applicant is a person	t years, and being, do state upon honor application, and believe
Signature		Print Name	
Business Address			
REPUTABLE CITI	IZENS RECOMMENDA	TION (For new Constal	oles only): NA
We, the undersigned personally known to statements on it to	d citizens of	, hereby certiewed this application, audicant is a person of go	ify that the applicant is nd believe each of the
Signature	Name (Print)	Street Address	<u>Occupation</u>
			
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	_		
POLICE CHIEF RI	ECOMMENDATION (F	or all Constables):	
Constable and having	e, having reviewed this agg, at the request of the M is or her fitness for the application be:	ayor, investigated the reposition office, all as provided by	utation and character of