



**CITY OF NEW BEDFORD**  
JONATHAN F. MITCHELL, MAYOR

January 20, 2021

City Council President Joseph P. Lopes and  
Honorable Members of the City Council  
133 William Street  
New Bedford, MA 02740

Dear Council President Lopes and Honorable Members of the City Council:

I am submitting for your approval the **RE-APPOINTMENT** as **SPECIAL POLICE OFFICER:**

**WILLIAM T. CAMBRA**  
**DARTMOUTH, MASSACHUSETTS**

This re-appointment is subject to confirmation by the City Council.

Sincerely,



Jonathan F. Mitchell  
Mayor

JFM/sds  
Attachment

cc: William T. Cambra



TO BE MADE OUT IN INK BY THE APPLICANT  
APPLICATION FOR APPOINTMENT \_\_\_\_\_ OR REAPPOINTMENT ☒  
AS SPECIAL POLICE OFFICER

New Bedford, MA \_\_\_\_\_

To the Mayor and City Council of the City of New Bedford:

I hereby make application under provisions of The New Bedford City Code Chapter 19, Sections 13-20 inclusive, for appointment as a Special Police Officer of the City of New Bedford, to serve without pay for the City for the term of one year, and I subscribe to the truth of the following facts:

Age 57 years Date of Birth 04-23-63 Resident of New Bedford 0 years

Citizen-native born or naturalized Citizen-native born

If naturalized, date and court of naturalization \_\_\_\_\_

Education High School - Mpte - reserve intermittent police academy

Present Occupation Security Operations Manager

Name of Employer Southcoast Health

Employment for five years preceding date of application employed for 32 years

If a former employee of the City of New Bedford, were you retired for physical disability? \_\_\_\_\_

Ever arrested or summonsed to court within the past five years? No

If so, please state when, where and reason: \_\_\_\_\_

Reason for requesting appointment \_\_\_\_\_

Is this a renewal? Yes If so, give badge number 3193

Print Name William T. Coimbra

Signature William T. Coimbra

Residence 60 Coggeshall St N Dartmouth 02747

Phone Number 774-634-6096

Appointment requested by SOUTHCOAST HEALTH  
(NAME OF FIRM OR EMPLOYER)

By [Signature] DIRECTOR, SAFETY/SECURITY/COM  
(TITLE)

Date referred to Chief of Police for report SEP 16 2020

[Signature]  
City Clerk

REPORT OF CHIEF OF POLICE

City of New Bedford, Office of Chief of Police \_\_\_\_\_

To the City Clerk:

I hereby report on the fitness of the application as follows \_\_\_\_\_

I hereby report on the necessity of such appointment as follows \_\_\_\_\_

Investigated by Sgt. Donald Williams

[Signature]  
Chief of Police