

May 31, 2022

City Council President Ian Abreu and Honorable Members of the City Council 133 William Street New Bedford, MA 02740

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

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

TYLER G. TRUDELLE NEW BEDFORD, MA

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

Sineerely.

Jonathan F. Mitchell

Mayor

JFM/sds Attachment

cc: Tyler G. Trudelle



Investigated by Sqr. Donald Williams

TO BE MADE OUT IN INK BY THE APPLICANT

APPLICATION FOR APPOINTMENT ____ OR REAPPOINTMENT ___

Chief of Police

AS SPECIAL POLICE OFFICER

	New Bedford, MA	
To the Mayor and City Council of the		773
Thereby make application un appointment as a Special Police Offic and I subscribe to the truth of the foll	nder provisions of The New Bedford City Code Chapter 19. Sections 13-20 inc cer of the City of New Bedford, to serve without pay for the City for the term of lowing facts:	dusive, for of one year
Age	rth 12/28/54 Resident of New Bedford 67	vears
Citizen-native born or naturalized		
If naturalized, date and court of natur	-	
Education GRADE	13	
Present Occupation PUBL	ic Catter Offer ER/ New Roller / St	Bril F
Name of Employer South	Coast Horpixal	LUCY
	date of application South Coast Hospidal	
If a former employee of the City of N	lew Bedford, were you retired for physical disability?	
Ever arrested or summonsed to court		
		-
If so, please state when, where and rea	eason:	
If so, please state when, where and re-	Remitotement	
If so, please state when, where and re-	Rewitsterent If so, give badge number 57	
f so, please state when, where and re-	Print Name TYJER G. TRUDELLE	
If so, please state when, where and re-	Print Name TYLER GTRUDEUE Signature TRUDEUE	
If so, please state when, where and re-	Print Name TYPE GTRODEHE Signature Residence	
If so, please state when, where and reseason for requesting appointment	Print Name TYLER GTRUDEUE Signature TRUDEUE	
If so, please state when, where and reseason for requesting appointment	Print Name Tyler G. TRU OVEILE Signature Residence Phone Number (NAME OF FIRM OR EMPLOYER)	
If so, please state when, where and reseason for requesting appointment	Print Name Tyler G. TRU OVEILE Signature Residence Phone Number (NAME OF FIRM OR EMPLOYER) CKA16	New spaces
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