



OFFICE OF THE MAYOR

BOARDS AND COMMISSIONS APPLICATION

REGISTERED VOTER: YES X NO _____
PARTY AFFILIATION: Independant
U.S. CITIZEN: YES X NO _____
NAME: Nicole Mauro
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TELEPHONE: HOME: _____ OFFICE: _____
CELL: 860-395-9980
DATE OF BIRTH: 02/22/1977
EMPLOYMENT: UnitedHealthcare

BOARD AND/OR COMMISSION OF INTEREST:

Humane Commission

PLEASE LIST THREE (3) CHOICES:

I HEREBY ACKNOWLEDGE THE ABOVE TO BE TRUE


SIGNATURE

02/11/2021
DATE