



OFFICE OF THE MAYOR

BOARDS AND COMMISSIONS APPLICATION

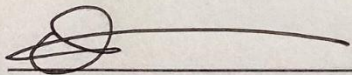
REGISTERED VOTER: YES X NO _____
PARTY AFFILIATION: DEMOCRAT
U.S. CITIZEN: YES X NO _____
NAME: MICHAEL P. LAWLOR
ADDRESS: 95 KNEELAND ROAD NEW HAVEN CT 06512
E-MAIL ADDRESS: MLAWLOR@NEWHAVEN.EDU
TELEPHONE: HOME: _____ OFFICE: _____
CELL: 203-314-6307
DATE OF BIRTH: 12/30/1956
EMPLOYMENT: UNIVERSITY OF NEW HAVEN

BOARD AND/OR COMMISSION OF INTEREST:

POLICE COMMISSION

PLEASE LIST THREE (3) CHOICES:

I HEREBY ACKNOWLEDGE THE ABOVE TO BE TRUE



SIGNATURE

9/16/2020

DATE