



This Petition is Sponsored by  
**THE CHAPTER 146  
ASSOCIATION**  
P.O. Box 550 Pembroke, MA  
02359

**PETITION IN OPPOSITION TO  
HOUSE REORG BILL . . . . . 68**

*“An Act to Reorganize the Department of  
Public Safety.”*

**Joint Committee on State Administration  
and Regulatory Oversight State House**  
Senate Room # 413A House Room # 22  
24 Beacon St.  
Boston, MA 02133

HOUSE DOCKET, NO. 3749 FILED ON: 1/25/2017  
PETITION OF: State Governor: Charles D. Baker

We, citizens and employees within the Commonwealth, the undersigned, call on you to oppose this Article 87: An Act to reorganize the Department of Public Safety. **This bill is fiscally irresponsible and being justified by an initial cost savings of \$800k and lack of duplication.** This bill is flawed and if allowed would create additional spending and increases to staffing at (3) three agencies to achieve each agencies new mission. We, believe this Article 87 bypasses the legislative process affording only limited opportunity for public comment and we implore you to vote no on behalf of your and your legislative colleague’s constituents.

#1 Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address of Home or Place of Employment \_\_\_\_\_  
\_\_\_\_\_  
ZIP: \_\_\_\_\_  
I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address of Home or Place of Employment \_\_\_\_\_  
\_\_\_\_\_  
ZIP: \_\_\_\_\_  
I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address of Home or Place of Employment \_\_\_\_\_  
\_\_\_\_\_  
ZIP: \_\_\_\_\_  
I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address of Home or Place of Employment \_\_\_\_\_  
\_\_\_\_\_  
ZIP: \_\_\_\_\_  
I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#5** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#6** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#7** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#8** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#9** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_

**#10** Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Home or Place of Employment \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

I agree to the above statements, Sign: \_\_\_\_\_ DATE: \_\_\_\_\_