

3. a) 1) Approval of two (2) Intent to Excavate, Map 50 Lot 4-4 and Map 42 Lot 1

RECEIVED 735  
MAR 19 2021  
TOWN OF MILFORD

FORM PA-38

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**NOTICE OF INTENT TO EXCAVATE**  
RSA 72-B

For Tax Year April 1, 2021 to March 31, 2022

(Assigned by Municipality)

YR TOWN OP# E

PLEASE TYPE or PRINT (if filling in form on-line, use TAB key to move through fields)

- Town/City of: Milford
- Tax Map/Block/Lot #: Maps 50-4-4
- Name of Access Road: Mason Rd
- Total Acreage of Lot: 41.592
- Date of Permit per RSA 155-E:2: 190918-178  
or (Municipal Excavation Permit)
- Date of Report, if required, per RSA 155-E:2, 1(d):
- Permit Number per RSA 485-A:17, if any: (Alteration of Terrain Permit)
- Incidental Construction/155-E:2-a Exception: Check if YES
- Total Permitted Area (acres): 10/10 +/-
- Excavation Area (acres) as of April 1: 5/5 +/-
- Reclaimed Area (acres) as of April 1: 10 +/-
- Remaining Cubic Yards of Earth to Excavate: 10,0097-490,000
- Type of Ownership:
  - Owner of land
  - Previous owner retaining deeded earth excavation rights
  - Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways

14. DESCRIPTION OF EARTH TO BE EXCAVATED DURING TAX YEAR

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	
SAND	<u>120,000 9</u>
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	

15. CHECK THE BOX THAT DESCRIBES THIS INTENT

- ORIGINAL WITH \$100 FEE (check payable to State of New Hampshire)
- ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH \$100 FEE (exceeding original estimate of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)

16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

PRINT CLEARLY OR TYPE NAME OF OWNER

Paul Amato  
SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S) DATE SIGNED 3-19-21

Spidel WA  
PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE) DATE SIGNED 3/19/21

SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S)

PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE)

MAILING ADDRESS

CITY OR TOWN STATE ZIPCODE

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes) CELL PHONE (Enter number without dashes)

DATE INTENT SENT TO TOWN:

E-MAIL REPORT & CERTIFICATE? YES  NO   
If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

Amount of Security Required \$

Security Posted (Bond, Certified Check, etc.) \$

SIGNATURES OF MUNICIPAL ASSESSING OFFICIALS & DATE

The Municipal Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:

- All owners of record have signed the Intent;
- If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land;
- The form is complete; and
- Any bond required under RSA 72-B:5 has been received.
- The Tax Collector shall be notified within 30 days of signing the Intent pursuant to RSA 72-B:8

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN

SIGNED COPY TO - OWNER, RETURNED BY MUNICIPAL ASSESSING OFFICIALS

SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**NOTICE OF INTENT TO EXCAVATE**  
RSA 72-B

**RECEIVED**  
MAR 19 2021  
TOWN OF MILFORD

For Tax Year April 1, 2021 to March 31, 2022

(Assigned by Municipality)

YR TOWN OP#

									E
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PLEASE TYPE or PRINT (If filling in form on-line; use TAB key to move through fields)

- Town/City of: Milford
- Tax Map/Block/Lot #: Map 42 L1
- Name of Access Road: Perry Rd
- Total Acreage of Lot: (27.5 to 1) Same Ph 1
- Date of Permit per RSA 155-E:2: \_\_\_\_\_  
or (Municipal Excavation Permit)
- Date of Report, if required, per RSA 155-E:2, 1 (d): \_\_\_\_\_
- Permit Number per RSA 485-A:17, if any: ADT 1437  
2018-0125-011  
(Alteration of Terrain Permit)
- Incidental Construction/155-E:2-a Exception: Check if YES
- Total Permitted Area (acres): 10.4 acres
- Excavation Area (acres) as of April 1: 5 acre
- Reclaimed Area (acres) as of April 1: 0
- Remaining Cubic Yards of Earth to Excavate: 151,640
- Type of Ownership:
  - Owner of land
  - Previous owner retaining deeded earth excavation rights
  - Owner of earth or earth excavation rights on public lands (Fed., State, Municipal, etc) or, removes earth from public lands or right-of-ways

14. DESCRIPTION OF EARTH TO BE EXCAVATED DURING TAX YEAR

EARTH TYPE	ESTIMATED CUBIC YARDS (CY)
GRAVEL	
SAND	<u>60,000</u>
LOAM	
STONE PRODUCTS	
OTHER ( )	
TOTAL	

15. CHECK THE BOX THAT DESCRIBES THIS INTENT

- ORIGINAL WITH \$100 FEE (check payable to State of New Hampshire)
- ORIGINAL WITH NO FEE (excavation of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH \$100 FEE (exceeding original estimate of 1,000 cubic yards or less)
- SUPPLEMENTAL WITH NO FEE (fee previously paid with original intent)

16. We hereby assume responsibility for reporting all earth excavated within 30 days of completion or by the end of the tax year, whichever comes first. (If a Corporation, an Officer must sign.)

Thomas Lorden (Dole & White Operator)  
PRINT CLEARLY OR TYPE NAME OF OWNER

[Signature]  
SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S) DATE SIGNED

[Signature]  
PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE (in ink) OF OWNER(S) OR OFFICER(S) DATE SIGNED

\_\_\_\_\_  
PRINT SIGNATORY NAME (AND TITLE IF APPLICABLE)

MAILING ADDRESS		
CITY OR TOWN	STATE	ZIP CODE
E-MAIL ADDRESS		
HOME PHONE (Enter number without dashes)	CELL PHONE (Enter number without dashes)	

DATE INTENT SENT TO TOWN: \_\_\_\_\_

E-MAIL REPORT & CERTIFICATE? YES  NO   
If NO, Report and Certificate will be mailed to the address above.

TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS	
Amount of Security Required \$	_____
Security Posted (Bond, Certified Check, etc.) \$	_____
<b>SIGNATURES OF MUNICIPAL ASSESSING OFFICIALS &amp; DATE</b>	
The Municipal Assessing Officials hereby acknowledge receipt of the Notice of Intent to Excavate and certify that:	
1. All owners of record have signed the Intent; 2. If the land is in Current Use, the land use change tax shall be assessed on the non-qualifying land; 3. The form is complete; and 4. Any bond required under RSA 72-B:5 has been received. 5. The Tax Collector shall be notified within 30 days of signing the Intent pursuant to RSA 72-B:6	
SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL	DATE
SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL	DATE
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FOR DRA USE ONLY

SIGNED ORIGINAL COPY - RETAINED BY CITY/TOWN

SIGNED COPY TO - OWNER, RETURNED BY MUNICIPAL ASSESSING OFFICIALS

SIGNED COPY TO - DEPT. OF REVENUE, MUNICIPAL & PROPERTY DIVISION

3. a) 2) Approval of one (1) Intent to cut Wood or Timber, Map 38 Lot 10-1

FORM PA-7

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
NOTICE OF INTENT TO CUT WOOD OR TIMBER

YR TOWN OP# SUPPLEMENTAL  
20 - 303 - 01 - T (Assigned by Municipality)

For Tax Year April 1, 20 to March 31, 21

PLEASE TYPE OR PRINT (If filling in form on-line, use TAB Key to move through fields)

8. Description of Wood or Timber To Be Cut

- City/Town of Milford
- Tax Map No./Lot or USFS sale name & unit #: 38-10 39-10-1
- Intent Type: Original  Supplemental  Original Operation # \_\_\_\_\_
- Name of road from which accessible: Perry Rd
- a. Acreage of Lot: 10.6 Acreage of cut: 8
- b. Anticipated start date: in process
- Type of ownership (check only one):
  - a. Owner of Land and Stumpage (Joint Tenants)
  - b. Owner of Land and Stumpage (Tenants in Common)
  - c. Previous owner retaining deeded timber rights
  - d. Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements

Species	Estimated Amount To Be Cut	
White Pine	50	MBF
Hemlock	2	MBF
Red Pine		MBF
Spruce & Fir		MBF
Hard Maple		MBF
White Birch		MBF
Yellow Birch		MBF
Oak		MBF
Ash		MBF
Beech & Soft Maple		MBF
Pallet or Tie Logs		MBF
Other (Specify)		MBF
Pulpwood	Tons	Cords
Spruce & Fir		
Hardwood & Aspen		
Pine		
Hemlock		
Whole Tree Chips		
Miscellaneous		
High Grade Spruce/Fir		Tons
Cordwood & Fuelwood		Cords

REPORT OF CUT FORM / CERTIFICATE TO BE SENT TO:

OWNER  OR BY MAIL  OR  
 LOGGER/FORESTER  E-MAIL

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)

Timber Tax Information is Available at [www.revenue.nh.gov](http://www.revenue.nh.gov)  
 Questions?? Call (603) 230-5950

Evelyn J. Hansen 3/19/2021  
 SIGNATURE OF OWNER(S) OR CORPORATE OFFICER DATE

\_\_\_\_\_  
 SIGNATURE OF OWNER(S) OR CORPORATE OFFICER DATE

PRINT CORPORATE OFFICER NAME AND TITLE DATE

Anders + Evelyn Hansen

PRINT OWNER(S) NAME

80 Adams St. Apt. #4

MAILING ADDRESS

Milford NH 03055

CITY/TOWN STATE ZIPCODE

PHONE 438 9593 E-MAIL \_\_\_\_\_

FOR ASSESSING OFFICIALS ONLY

- The Selectmen/Assessing Officials hereby certify that:
- All owners of record have signed the Intent;
  - The land is not under the Current Use Unproductive category;
  - The form is complete and accurate; and
  - Any timber tax bond required has been received:  
 \$ \_\_\_\_\_ Date \_\_\_\_\_
5. The tax collector will be notified within 30 days or receipt pursuant to RSA 79:10;
6. This form to be forwarded to DRA within 30 days.

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species:	Amount:
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10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner. I have become familiar with RSA 227-J, the timber harvest laws.

By: Eric Oxman Granite State Forestry 2/2/21  
 SIGNATURE OF PERSON RESPONSIBLE FOR CUTTING DATE

Eric Oxman - Granite State Forestry

PRINT NAME

PO Box 879

MAILING ADDRESS

New London NH 03257

CITY/TOWN STATE ZIPCODE

603 801 2256 E-MAIL eric.oxman@gmail.com

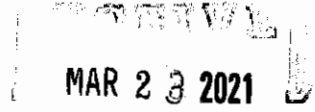
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Signature (in ink) of Assessing Official Date Signature (in ink) of Assessing Official Date Signature (in ink) of Assessing Official Date

Signature (in ink) of Assessing Official Date Signature (in ink) of Assessing Official Date

3. a) 3) Request for Approval to renew Two (2) Taxi Cab Permits - Milford Taxi LLC.

*21MIL-265-0F*



From: Milford Taxi LLC.

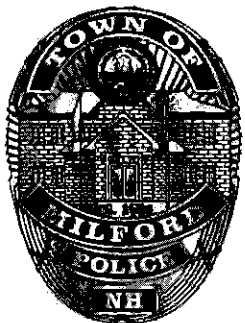
**BY:**.....

To the Board of Selectmen:

We would like you to look over our applications and reconsider us for our chauffeurs license please William and Edward LaBell's. For this year 2021 and many more to come. Thank you for your time and consideration!

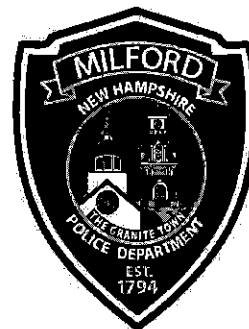
William G. LaBell

Edward J. LaBell



# Town of Milford

POLICE DEPARTMENT  
19 Garden Street  
Milford, NH 03055  
603 249-0630



**Michael J. Viola**  
Chief of Police

## TOWN OF MILFORD, NH APPLICATION FOR TAXICAB OPERATOR'S PERMIT

Name: LaBell Edward James  
Last First Middle Maiden

Address: 43 Crosby St Milford N.H. 03055  
Phone: (603) 732-7375

D.O.B.: 4/2/1958 Age: 62

NH License Number: NHL14803396 Expiration Date: 4/2/2024

List Any License Restrictions: B

Have you ever been arrested, indicted, or convicted for any violation of the law?

Yes  No . If answer is yes, state circumstances below.

DUI 1983

List any sickness, injury, or disabilities during the last ten (10) years.

For whom will you be driving a taxicab (Application must be accompanied by a letter from the above stating intent to hire).

Milford Taxi LLC

### SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application and is punishable under New Hampshire Revised Statutes Annotated (NH RSA) 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

x Edward James LaBell

Approved: [Signature]  
Date: 3/25/2021

**TOWN OF MILFORD, NH  
TAXI CAB LICENSE**

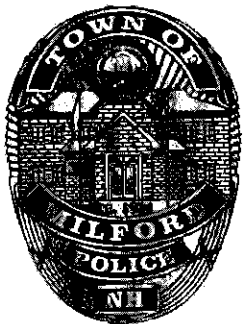
Verified:  3/25/2021  
(Chief of Police) (Date)

Granted: \_\_\_\_\_ Denied: \_\_\_\_\_  
(Date) (Date)

Milford Board of Selectmen:

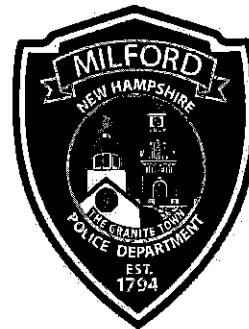
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \$25.00



# Town of Milford

POLICE DEPARTMENT  
19 Garden Street  
Milford, NH 03055  
603 249-0630



Michael J. Viola  
Chief of Police

## TOWN OF MILFORD, NH APPLICATION FOR TAXICAB OPERATOR'S PERMIT

Name: LeBell William G.  
Last First Middle Maiden

Address: 32 Johnson St- Milford NH 03055  
Phone: (603) 672-3344

D.O.B.: 6/6/1981 Age: \_\_\_\_\_

NH License Number: 06LLW81061 Expiration Date: 6/6/22

List Any License Restrictions: Glasses

Have you ever been arrested, indicted, or convicted for any violation of the law?  
Yes  No  If answer is yes, state circumstances below.

See attached

List any sickness, injury, or disabilities during the last ten (10) years.

Diabetes

For whom will you be driving a taxicab (Application must be accompanied by a letter from the above stating intent to hire).

Milford Taxi LLC

### SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application and is punishable under New Hampshire Revised Statutes Annotated (NH RSA) 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

x William G. LeBell

Approved: [Signature]  
Date: 3/25/2021

TOWN OF MILFORD, NH  
TAXI CAB LICENSE

Verified: ~~\_\_\_\_\_~~ *Capt. Frye* *3/25/2021*  
(Chief of Police) (Date)

Granted: \_\_\_\_\_ Denied: \_\_\_\_\_  
(Date) (Date)

Milford Board of Selectmen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \$25.00



**TAXI CAB LICENSE**

License # 11

This is to certify that the Board of Selectmen of the Town of Milford, State of New Hampshire, have granted a license to set up and operate a service entitled "Taxi Cab" to:

William G. LeBell  
(Name of Owner)

Milford Taxi LLC  
(Company Name)

All licenses expire - and are to be renewed - on or before the 30th of April yearly

Fee: \$25.00 for each vehicle licensed.

\* \* \* \* \*

Vehicle Information:

- Make Chevy Impala Year 2008
- NH Registration No. 383 7710 Color yellow
- Proof of Insurance (Copy must be attached) Expiration of Same June

Signed this 22 day of March 2021

\_\_\_\_\_  
Chairman, Milford Board of Selectmen

I hereby certify that the information provided on this Application is true and accurate to the best of my knowledge and belief and hereby authorize the Milford Police Department to conduct both a criminal and motor vehicle records check on me.

William G. LeBell  
(Name)

March 22, 2021  
(Date)

Police records check performed by: [Signature]  
(Name)

Capt. Frye 3/25/2021  
(Title)



**TAXI CAB LICENSE**

License # 12

This is to certify that the Board of Selectmen of the Town of Milford, State of New Hampshire, have granted a license to set up and operate a service entitled "Taxi Cab" to:

William G. LeBell  
(Name of Owner)

Milford Taxi LLC  
(Company Name)

All licenses expire - and are to be renewed - on or before the 30th of April yearly

Fee: \$25.00 for each vehicle licensed.

\* \* \* \* \*

Vehicle Information:

- Make Dodge Grand Caravan Year 2008
- NH Registration No. 451 4997 Color Yellow
- Proof of Insurance (Copy must be attached) Expiration of Same June

Signed this 22 day of March 2021

\_\_\_\_\_  
Chairman, Milford Board of Selectmen

I hereby certify that the information provided on this Application is true and accurate to the best of my knowledge and belief and hereby authorize the Milford Police Department to conduct both a criminal and motor vehicle records check on me.

William G. LeBell  
(Name)

3/27/21  
(Date)

Police records check performed by: \_\_\_\_\_  
(Name)

Pat Frye 3/25/2021  
(Title)

Date: \_\_\_\_\_

Recommendation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

License: Approved \_\_\_\_\_  
                            (Date)

Denied \_\_\_\_\_  
                            (Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Selectmen  
for  
The Town of  
Milford, NH

From: Eaton & Berube Insurance Agency, LLC mail-server@csr24.email  
 Subject: Proof of Insurance for Milford Taxi LLC  
 Date: Mar 16, 2021 at 9:07:56 AM  
 To: Will.milfordtaxi44@gmail.com



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Eaton & Berube Insurance Agency, LLC 11 Concord St Nashua NH 03064		<b>CONTACT NAME:</b> Jessica Archambault <b>PHONE:</b> (603) 882-2768 <b>FAX:</b> (603) 886-4230 <b>E-MAIL:</b> jarchambault@eatonberube.com <b>ADDRESS:</b> jarchambault@eatonberube.com	
<b>INSURED</b> Milford Taxi LLC 32 Johnson St Milford NH 03055		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: National Indemnity INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 120227768      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. LTR.	TYPE OF INSURANCE	ADDL. SUBR. INFO	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LEVLTS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS/COMPLETED OPERATIONS \$
	CLAIMS-MADE	OCCUR				
	GENERAL AGGREGATE LIMIT APPLIES PER					
	POLICY	PROD. SECT				
	WINNER					
A	AUTOMOBILE LIABILITY		70 APR 1978B3	10/27/2020	10/27/2021	CUMULATED SINGLE LIMIT (Per accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO					
	OWNED AUTOS ONLY	X SCHEDULED AUTOS				
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY				
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	EMP. EXTENSION					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			PER STATUTE \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EMPLOYEES \$ E.L. DISEASE - INJURY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
---------------------------	---------------------

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

Maford Police Department  
19 Garden Street  
Maford NH 03055

ACCORDANCE WITH THE POLICY PROVISIONS.

STATE POLICE DEPARTMENT

*W. R. Beale*

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ACORD 25 (2016/03)

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