

**Massachusetts Association of Italian
American Police Officers, Inc.
Retirement Plaque Form**

Print or Type

Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Home Phone: (_____)** _____

Email Address: _____

Police Dept. Employed by: _____ **Rank:** _____

Date of Service: _____ **Date of Retirement:** _____

Mail To
Massachusetts Association of Italian
American Police Officers, Inc
35 Center Street Burlington, MA 01803
781-202 -7132