2

Cambridge, March 17 1994

To the Honorable, the City Council of the
City of Cambridge:

The undersigned respectfully pray

Tobacco Control Program of Cambridge
Department of Health and Hospitals, LOCATED AT 5th Fl. Macht Bldg., 1493 Cambridge St.
NAME OF PETITIONER OR BUSINESS ADDRESS Cambridge 02139
Along with Cambridge United for Smoking Prevention (of the Dept. of Human Services)
BE GRANTED PERMISSION FOR A/AN ( ) "A" FRAMED SIGN, (X) TABLE,

( ) SANDWICH BOARD, (X) DISPLAY OF ~~MERCHANDISE.~~ Educational Materials (free)

IN FRONT OF PREMISES NUMBERED 1 White Street, ON
ADDRESS WHERE SIGN WILL BE

Thursday, May 19 (May 20 raindate) FROM 11:30 AM TO 2:00 PM.

Caroline Cranos
~~PETITIONER~~'S SIGNATURE

Caroline Cranos
OFPRINT NAME HERE

PLEASE PROVIDE A SKETCH
YOUR SIGN HERE

( ) 498-1486
TELEPHONE #

( ) 498-1518
ADDITIONAL PHONE #

RECEIVED BY
CITY CLERK
CAMBRIDGE MA.
FEB 23 PM 4:40

Consent Communication #2 H-28

PETITION

of Tobacco Control Program Cambridge H&H

for Table

No. 1 White Street

March 28, 19 94

In City Council, April 4, 19 94

Referred to the Committee on

Attest:

Referred to City Mgr. w/ power.

City Clerk.