

MEETING DATE: _____ Thurs, Jan 29, 2015

TIME: _____ 6:30 PM _____

If Applicable please fill in:

Executive Session: START TIME:

END TIME:

Re-open to Public? If yes state approx time:

SUBJECT of Executive Session: _____

Council on Aging

BOARD/COMMITTEE

Butterick Building

Senior Center

LOCATION

ROOM

OFFICE USE ONLY

TOWN CLERK STAMP

Name: _____ Barbara Foster, Chair _____ Signature: Barbara Foster _____

DESIGNATED AUTHORITY OF BOARD/COMMITTEE - *(please include printed name & signature)*

AGENDA

1. Open meeting
2. Roll Call
3. Joint meeting with Senior Center Building Committee
4. Discussion and possible vote on Senior Center design
5. Adjournment