



- TOWN OF SEEKONK MEETING NOTICE -

Please PRINT clearly or type form

Committee Name: Seekonk Housing Authority Board of Commissioners

Date of Meeting: 12/4/25 Select day: ☐ M ☐ T ☐ W ☒ Th ☐ F

Time: 5:00 p.m. Place of Meeting: Seekonk Housing Authority Location: _____

Address: 25 Chappell St. Seekonk, MA 02771

Topics to be discussed: *(a copy of your agenda may be attached to each notice)* Time stamp: _____

Approval of Minutes of the October 2, 2025 meeting.

Management Agent Report

Approval of Check Warrant # 113

Other Business

Approval of Check Warrant # 114

Approval of Check Warrant # 115

➤ **Four (4) copies of this notice must be filed with the Town Clerk's office:**

Each sheet contains two copies. You **MUST** have two full sheets (4 copies of the notice) with you when filing notice with Clerk's office – it is not our responsibility to make the copies for you. One copy will be posted, one for cable, one will be filed in the Clerk's office & one will be returned to the committee as a file copy.

Dated: 12/2/25 Posted by: Sarah Goetzinger

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COMMITTEE FILE COPY

CABLE COPY



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