AGENDA

Monday, December 16, 2024 - 6:30 PM

Administrative Committee Meeting
Agawam Senior Center
954 Main Street
Agawam, MA 01001

Minutes dated December 2, 2024

TO-2024-20 - An Order granting or renewing a Class 1 Dealer's LICENSE to Sarat Ford Sales, Inc., 221 Springfield Street, Agawam (Clerk)

TO-2024-21 - An Order granting or renewing a Class 1 Dealer's LICENSE to Sarat Ford Sales, Inc., 243-249 Springfield Street, Agawam (Clerk)

TO-2024-22 - An Order granting or renewing a Class 1 Dealer's LICENSE to Sarat Ford Sales, Inc., 250 Springfield Street, Agawam (Clerk)

TO-2024-23 - An Order granting or renewing a Class 2 Dealer's LICENSE V&F Auto, Inc., 7 Harding Street, Agawam (Clerk)

TO-2024-24 - An Order granting or renewing a Class 2 Dealer's LICENSE Euro Imports, 321 Main Street, Agawam (Clerk)

TO-2024-20

AN ORDER GRANTING OR RENEWING A CLASS 1 DEALER'S LICENSE TO SARAT FORD SALES, INC. AT 221 SPRINGFIELD STREET, AGAWAM, MA

WHEREAS, Sarat Ford Sales, Inc. has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, Sarat Ford Sales, Inc. currently holds a Class 1 Dealer's License issued by the Town of Agawam for its property located at 221 Springfield Street, Agawam, Ma.

NOW, THEREFORE, the Agawam City Council hereby grants Sarat Ford Sales, Inc. a Class 1 Dealer's License for its property located at 221 Springfield Street, Agawam, MA for the period commencing on January 1, 2025 and expiring on December 31, 2025, subject to the previously approved site plan, all previously approved conditions.

Dated this _____ day of _____, 2024

PER ORDER OF THE AGAWAM CITY COUNCIL

_____
Rosemary Sandlin, President

APPROVED AS TO FORM AND LEGALITY

_____
Christopher S. Cappucci, Solicitor

TO-2024-21

AN ORDER GRANTING OR RENEWING A CLASS 1 DEALER'S LICENSE TO SARAT FORD SALES, INC. AT 243-249 SPRINGFIELD STREET, AGAWAM, MA

WHEREAS, Sarat Ford Sales, Inc. has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, Sarat Ford Sales, Inc. currently holds a Class 1 Dealer's License issued by the Town of Agawam for its property located at 243-249 Springfield Street, Agawam, Ma.

NOW, THEREFORE, the Agawam City Council hereby grants Sarat Ford Sales, Inc. a Class 1 Dealer's License for its property located at 243-249 Springfield Street, Agawam, MA for the period commencing on January 1, 2025 and expiring on December 31, 2025, subject to the previously approved site plan, all previously approved conditions.

Dated this _____ day of _____, 2024

PER ORDER OF THE AGAWAM CITY COUNCIL

_____
Rosemary Sandlin, President

APPROVED AS TO FORM AND LEGALITY

_____
Christopher S. Cappucci, Solicitor

TO-2024-22

AN ORDER GRANTING OR RENEWING A CLASS 1 DEALER'S LICENSE TO SARAT FORD SALES, INC. AT 250 SPRINGFIELD STREET, AGAWAM, MA

WHEREAS, Sarat Ford Sales, Inc. has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, Sarat Ford Sales, Inc. currently holds a Class 1 Dealer's License issued by the Town of Agawam for its property located at 250 Springfield Street, Agawam, Ma.

NOW, THEREFORE, the Agawam City Council hereby grants Sarat Ford Sales, Inc. a Class 1 Dealer's License for its property located at 250 Springfield Street, Agawam, MA for the period commencing on January 1, 2025 and expiring on December 31, 2025, subject to the previously approved site plan, all previously approved conditions.

Dated this _____ day of _____, 2024

PER ORDER OF THE AGAWAM CITY COUNCIL

_____

Rosemary Sandlin, Council President

APPROVED AS TO FORM AND LEGALITY

_____

Christopher S. Cappucci, City Solicitor

TO-2024-23

AN ORDER GRANTING OR RENEWING A CLASS 2 DEALER'S LICENSE TO V & F AUTO, INC. AT 7 HARDING STREET, AGAWAM, MA.

WHEREAS, V & F Auto, Inc. has submitted an Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles pursuant to Massachusetts General Laws, Chapter 140; and

WHEREAS, V & F Auto, Inc. currently holds a Class 2 Dealer's License issued by the Town of Agawam for its property located at 7 Harding Street, Agawam, Ma.

NOW, THEREFORE, the Agawam City Council hereby grants V & F Auto, Inc. a Class 2 Dealer's License for its property located at 7 Harding Street, Agawam, MA for the period commencing on January 1, 2025 and expiring on December 31, 2025, subject to the previously approved site plan dated July 18, 2013, all previously approved conditions and with a maximum of fifty (50) vehicles.

Dated this ____ day of _____, 2024

PER ORDER OF THE AGAWAM CITY COUNCIL

_____
Rosemary Sandlin, President

APPROVED AS TO FORM AND LEGALITY

_____
Christopher S. Cappucci, City Solicitor

COMMONWEALTH OF MASSACHUSETTS
TOWN OF AGAWAM
CAR DEALER'S LICENSE

pd $200
11/19/24

TO-2024-24

Annual Fee: $200.00

Please Check One:

Class I _____
(New Car Dealer)

Class II _____
(Used Car Dealer)

Class III _____
(Remodeling, Taking apart or rebuilding and selling same or the buying or selling of parts or tires)

Please Check One:

New Application: _____

Renewal without changes: _____

Renewal with changes: _____

Type of Business
Please check one:

Sole Proprietor _____

Partnership (inc. LLP) _____

Corporation _____

Limited Liability Company _____

Business (DBA) Name: EURO IMPORTS

Agawam Business Address: 321 MAIN ST

Applicants Legal Name: MARTIN M. RADZIKER

Mailing Address (Including Zip Code): 85 HORRIS ST. FEEDING HILLS MA. 01030

Contact Phone: 413 2042819

Contact E-Mail:

Property Owner: A12 BROTHERS LLC

Property Owner's Address (Including Zip Code): 321 MAIN ST. AGAWAM MA. 01001

Owner's Phone: 860 3842916

Property Owners' Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above-mentioned property for the purpose of operating a Car Dealer business. **The property owners signature and property card from the assessors are required for new licenses only.**

Is the Applicant engaged principally in the business of buying, selling or exchanging motor vehicles? ☑ Yes ☐ No

If so, is your principal business the sale of new motor vehicles? ☐ Yes ☒ No

Is your principal business the buying and selling of second hand motor vehicles? ☒ Yes ☐ No

Is your principal business the Remodeling, Taking apart or rebuilding and selling same or the buying or selling of parts or tires or motor vehicle junk dealer? ☐ Yes ☒ No

Are you a recognized agent of a motor vehicle manufacturer? ☐ Yes ☒ No

Have you signed a contract as required by MGL 140 § 58, Class I? ☐ Yes ☒ No

Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? ☒ Yes ☐ No, if so where? AGAWAM MA.

Did you receive a license? ☒ Yes ☐ No, for what year _____

Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked?
☐ Yes ☒ No, if so please explain: (attach sheets as needed)

ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval
3. Fire Prevention Approval
4. Workmen's Compensation Affidavit
5. REAP Attestation
6. CORI Form
7. Collector / Treasurer Approval
8. New Applications or Applications for renewal with changes require a site plan per Town Code §114-5.

Applicant is responsible for obtaining the endorsement from the Inspection Services Department, Fire Inspector and Tax Collector.

Inspection Services Department Report:

The building located at the premises mentioned above is in a ~~TND~~ A Zone.

☐ Use is permitted as of right ☐ Use requires a special permit
☐ Use is prohibited ☒ Pre-existing legal nonconforming
☐ (other) _____

I do hereby state that as of this date the premises ☒ ***meets*** */* ☐ ***does not meet*** *all of the requirements imposed upon it pursuant to Chapter 114 Article II of Ordinance #114.*

Inspector's Signature: Kevin Duquette

Print Inspector's Name & Date: Kevin Duquette 11/18/2024

TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 413-821- 0632

FIRE PREVENTION REPORT:

I do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

☑ Pass ☐ Fail

Inspector's Signature: Derek Mas

Print Inspector's Name & Date: Derek Mas 11-18-24

TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 413-786-0657

Municipal Tax Report:

Pursuant to section, 1-7 of the Agawam Town Code a licensing authority may deny, suspend or revoke a license or permit for failure to pay municipal taxes or charges.

☒ No Outstanding Taxes or charges ☐ There are Outstanding Taxes or charges
☐ Applicant has an agreement with the Town regarding the Payment of taxes and charges.

Collector's Signature: Mackenzie Gamache

TO BE COMPLETED BY THE TREASURER / COLLECTOR 413-786-0400, EXT. 8218

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: EURO IMPORTS

Address: 321 MAIN ST.

City/State/Zip: AGAWAM MA. 01001 Phone #: 413 2042819

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other AUTO SALES

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 11-15-24

Phone #: 413 2042819

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):

1. ☐ **Board of Health** 2. ☐ **Building Department** 3. ☐ **City/Town Clerk** 4. ☐ **Licensing Board**
5. ☐ **Selectmen's Office** 6. ☐ **Other** _____

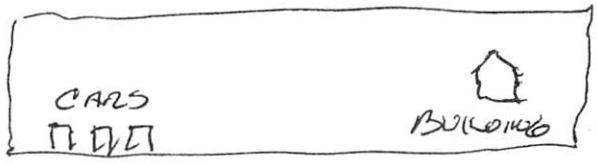
Contact Person:_____ **Phone #:**_____

List Partners/Corporate Officers Names & Addresses and Titles:

MARTIN M. RADWICK
OWNER

Give a complete description of all the premises to be used for the purpose of carrying on the business:

MAIN ST.



Are repair facilities located at the licenses premises? ☐ Yes ☒ No.
If No provide the name and address of the repair facility: 74 GARDEN ST. F.FL. MA

Total Number of vehicles at Agawam Business Address: 0
Number of vehicles allowed: 3

If you store vehicles at another location, state the number of cars at other location? NO
Address of other location:

EMERGENCY CONTACT:
In case of emergency at the business address, please contact:

Contact Name: MARTIN RADWICK

Contact Address: 85 NORRIS ST F.H. MA.

Contact Phone: 413 2042859

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, and is subject to all of the terms, conditions, and limitations set forth in the Town of Agawam Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Agawam City Council.

Signature of Applicant

Owner

Title (Owner, President, Partner)

Date: 11-18-24

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

Individual Social Security Number _____ State Identification Number _____ Federal Identification Number _____

Company: EURO IMPORTS

P.O. Box (if any): _____ Street Address Only: 321 MAIN ST.

City/State/Zip Code: AGAWAM MA. 01001

Telephone Number: 413 2048819 Fax Number: _____

List address(es) of all other property owned by company in Agawam: _____

State whether the applicant is a:

Corporation _____

Individual X Name of Individual: MARTIN M RADOMICKI

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, MARTIN RADOMICKI certify under the pains and penalties of perjury that EURO IMPORTS, to my best knowledge and
(authorized agent) (applicant)
belief, has/have complied with all **United States Federal taxes** required by law.

EURO IMPORTS _____ Date: 11-15-24
Applicant Authorized Person's Signature

TOWN OF AGAWAM TAX CERTIFICATION

I, MARTIN RADOMICKI certify under the pains and penalties of perjury that EURO IMPORTS, to my best knowledge and
(authorized agent) (Applicant)
belief, has/have complied with all **Town of Agawam taxes** required by law (or has/have entered into a Payment Agreement with the City).

EURO IMPORTS _____ Date: 11-15-24
Applicant Authorized Person's Signature

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, [illegible] certify under the pains and penalties of perjury that EURO IMPORTS
(authorized agent) (Applicant)
to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

EURO IMPORTS BY: [signature] Date: 11-13-24
Applicant Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

Hampden County, ss. November 13, 2024

Then personally appeared before me [name] Andrew Deane, [title] Better Banking Specialist of [company name] Westfield Bank, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Westfield Bank

Andrew Deane
Notary Public

My commission expires: August 23, 2024

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR Application.

Andrew E Deane
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 23, 2030

CNA

Notice of Premium Due 12/31/2024

Billing Questions (888) 866-2666
Email info@cnasurety.com

Premium $250.00

MARTIN M RADEWICK
85 NORRIS STREET
FEEDING HILLS, MA 01030

Amount Due	$250.00

Bond Detail

Bond #	62607107	Obligee	OBLIGEE ADDRESS UNKNOWN
Company	Western Surety Company		
Term Dates	12/31/2024 to 12/31/2025		
Bond Amount	$25,000.00		
Description	MA Second Hand Motor Vehicle Dealer		

Agent Information

Towne Ins. Group, Inc.
100 Main Street
Agawam, MA 01001
Phone : (413)786-3535

Messages

Payment Instructions

- **Pay Online at ONLINEPAY.CNASURETY.COM**
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
  Make check payable to CNA Surety
  Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

Martin M Radewick dba Euro Imports

Bond #	62607107
Company	0601
Agency	20-18618
Towne Ins. Group, Inc.	

Payment Due	12/31/2024	**Amount Due**	$250.00

CNA Surety Direct Bill
P.O. Box 957312
St. Louis, MO 63195-7312

Number
20

Fee
$200

THE COMMONWEALTH OF MASSACHUSETTS

Town of Agawam

USED CAR DEALER'S LICENSE—CLASS II

TO BUY AND SELL SECOND-HAND MOTOR VEHICLES

In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto **MARTIN M. RADEWICK dba EURO IMPORTS** hereby licensed to buy and sell second-hand vehicles at No. **321 MAIN ST., AGAWAM, MA 01001** , on premises described as follows:

THIS LICENSE IS ISSUED FOR (3) UNREGISTERED VEHICLES.

FOR SALES AND PROMOTIONAL ACTIVITY, SEE RESTRICTIONS FILED IN THE TOWN CLERK'S OFFICE TO COMPLY WITH ALL ZONING ORDINANCES AND THE PLOT PLAN COMPLIANCE BE A PART OF THE CONDITIONS.

MARCH 6, 2024

Vincent Gioscia- Town Clerk

THIS LICENSE EXPIRES JANUARY 1, 2025

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE PREMISES

(OVER)

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization .

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Agawam is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Agawam
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Agawam
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Agawam may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

11-15-21
Date

Please provide a copy of your valid Drivers License

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: MARTIN Middle Initial: M

* Last Name: RADEWICZ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): [illegible]53 Place of Birth: SPRD. MA.

* Last **SIX** digits of Social Security Number: _____ ☐ No Social Security Number

Sex: M Height: 6 ft. 0 in. Eye Color: HAZEL Race: W

Driver's License or ID Number: S97537098 State of Issue: MA.

Father's Full Name: ALEXANDER RADEWICZ JR.

Mother's Full Name: KATHERINE RADEWICZ

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

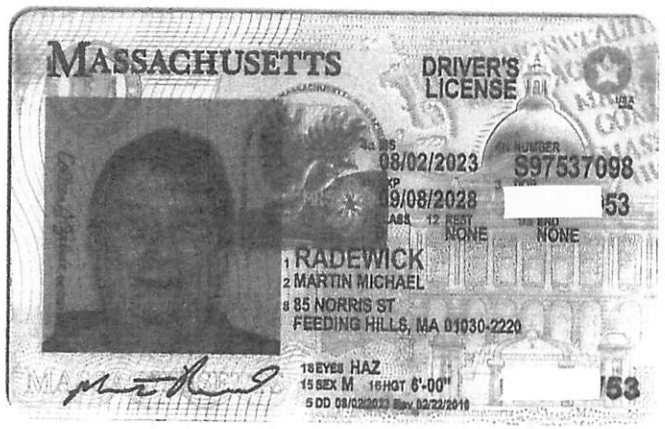
MDL

Verified by:

[signature] 11-19-24

Print Name of Verifying Employee

Signature of Verifying Employee *Date*



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for RADEWICK, MARTIN M and date of birth '53.

Signed under the penalties of perjury this 19th day of November 2024.

Jamison R. Gagnon
Commissioner
Massachusetts Department Criminal Justice Information Services

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 11/19/2024 10:06 as the response to your request submitted on 11/19/2024 10:06 with the following details:

Request Details

Request ID:	**E24STA-01289544**	Request Date/Time:	**11/19/2024 10:06**
Name:	**RADEWICK, MARTIN M**		
Former Last Name(s):			
Date of Birth:	**53**	SSN:	
Sex:	**MALE**	Race:	**White**
Parent 1:	**RADEWICK, ALEXANDER**	Parent 2:	**RADEWICK, KATHERINE**

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973

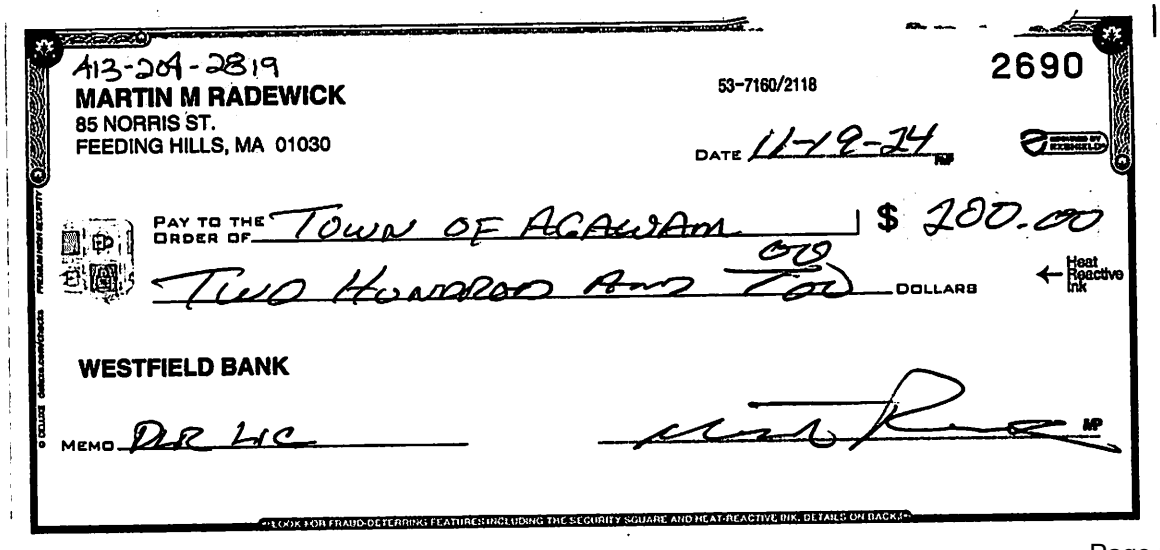
Massachusetts Criminal Offender Record Information (CORI)

The information contained in this response is the result of an exact match of the subject's name, date of birth, and last six digits of his or her social security number (if applicable), as submitted by the requestor, to information contained in the Massachusetts CORI database. In its discretion, the DCJIS may use the information provided by the requestor to match to other fields on the iCORI report including, but not limited to, a former name or alias field. The requestor is responsible for verifying the subject's identifying information with an acceptable type of government-issued identification at the time of its submission to the DCJIS, as well as for verifying that the identifying information contained in this record relates to the subject.

This report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. This response contains only that CORI to which the requestor is statutorily entitled, based on information provided by the requestor at the time of request.

The information contained in this CORI report is created and provided by entities other than the DCJIS. The DCJIS is not responsible for incorrect or incomplete information contained herein, or for any omissions from the contributing entities.

This CORI report is confidential. Any unauthorized access to, or dissemination of this document or the information contained therein is subject to the civil penalties set forth in M.G.L. c. 6, §168, and the criminal penalties set forth in M.G.L. c. 6, §178. Civil penalties include suspension or revocation of CORI access and monetary fines up to $5,000 for each violation. Criminal penalties include monetary fines up to $50,000, incarceration in a house of correction for up to one year, or both a fine and incarceration.



413-209-2819
MARTIN M RADEWICK
85 NORRIS ST.
FEEDING HILLS, MA 01030

53-7160/2118

2690

DATE 11-19-14

PAY TO THE ORDER OF TOWN OF AGAWAM $ 200.00

TWO HUNDRED AND 00/100 DOLLARS

Heat Reactive Ink

WESTFIELD BANK

MEMO DR HC

MP

LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.