



OPEN MEETING LAW COMPLAINT FORM

Office of the Attorney General
One Ashburton Place
Boston, MA 02108

Please note that all fields are required unless otherwise noted.

Your Contact Information:

First Name: MICHAEL Last Name: BARIL

Address: PO BOX 542

City: WARREN State: MA Zip Code: 01083

Phone Number: [REDACTED] Ext. [REDACTED]

Email: [REDACTED]

Organization or Media Affiliation (if any): _____

Are you filing the complaint in your capacity as an individual, representative of an organization, or media?

(For statistical purposes only)

Individual Organization Media

Public Body that is the subject of this complaint:

City/Town County Regional/District State

Name of Public Body (including city/town, county or region, if applicable): TOWN OF WARREN - BOARD OF SELECTMEN

Specific person(s), if any, you allege committed the violation: Robert K. Downing, David A. Delanski, Robert E. Lavash Jr, Lorena Prokop

Date of alleged violation: Dec 23, 2013

Description of alleged violation:

Describe the alleged violation that this complaint is about. If you believe the alleged violation was intentional, please say so and include the reasons supporting your belief.

Note: This text field has a maximum of 3000 characters.

Alleged "Intentional Violation"

Tue, 12/17/13 I picked up my public records request results from the Board of Selectmen office. I mentioned to Lorena Prokop that I was planning on attending the 6pm & 7pm BOS meetings tonight. She didn't have any concern. This day we were having a snowstorm and she said both meetings will be postponed. I checked the Town's website, seeing the new date was Mon, 12/23/13. I entered the Shepard Municipal Building at 6:02pm, the "Selectmens meeting room" door was shut. As I grabbed the door handle, I was stopped by Lisa Mundell (cable TV volunteer). She stated, "The Selectmen are in Executive Session" and blocked me from entering the room. I showed her the agenda (printed off Town website & attached here) and I told her this is a public meeting, as the agenda shows. She replied, "You can't be in here & asked that I leave the building." I went outside, and then came back in to ask unrelated questions about Warren Cable TV Access. She then requested that I wait outside, and I exited a 2nd time and waited in my car in the parking lot outside. When the 6pm meeting adjourned ~6:40pm & I saw people come out of the building & drive away, I went back inside. I ran into Igor Kuprycz (cable TV access director) & asked him why he was present inside the meeting & was he filming? He replied "No. Executive Sessions are not filmed or taped.", and he then stated, "I was invited to attend."

On Tue, 1/7/14, I went to the Shepard Municipal Building, asked Lorena Prokop for a copy of the 12/23/13 6pm Comcast meeting minutes and was told "We don't give copies or share details of Executive Sessions." After her office I went to the Town Clerk's office to inquire about the submitted agendas, BOS "6pm Comcast meeting" for 12/17 & 12/23. They pulled the original "submitted agendas". They confirmed the 6pm submitted agendas (12/17 & 12/23) display public meetings and display no mention whatsoever of any Executive Session. I told them the 12/23 6pm Comcast meeting was held in Executive Session, denied entry & was asked to leave the building. After verifying the filed agendas, I told them I was going to file an open meeting law complaint.

A total of 3 citizens arrived the Shepard Building for the meeting (at various times) myself, Brian Corriveau arrived ~5:50pm, and Arthur O'Brien arrived prior to 6pm as well - all three denied entry to the meeting. I encouraged the other 2 to file an open meeting law complaint, which you should see any day now.

What action do you want the public body to take in response to your complaint?

Note: This text field has a maximum of 500 characters.

BOS conducted open/public meeting items in Executive Session, in which residents having Comcast cable TV service were Not allowed to take part in discussions on their own cable rates & service. Citizens, like myself, should be outraged & now could financially suffer as a result of illegal discussions/votes in this BOS meeting? Can this meeting be reversed or "null & void"? I respectfully ask the AGO to reprimand the Town & BOS members in accordance with MGL. Citizens banned from public buildings .

Review, sign, and submit your complaint

Read this important notice and sign your complaint.

Under most circumstances your complaint will be considered a public record and be available to any member of the public upon request.

I understand that when I submit this complaint the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer.

I certify that the information contained on this form is true to the best of my knowledge.

Signed: Michael Bail

Date: 1/17/14

For Use By Public Body
Date Received by Public Body:

For Use By AGO
Date Received by AGO:



NOTICE OF MEETING
 TOWN OF WARREN MASSACHUSETTS
 Provisions Chapter 626 of the Acts of 1958

A meeting of the **Board of Selectmen**
 (Board or committee)

Will be held in the **SHEPARD MUNICIPAL BLDG**
 (Place)

On **TUESDAY** **17TH**
 (Day) (Date)

Day of **DECEMBER** 2013 at **6:00** AM **PM**
 (Month) (Time)

[Signature]
 Signature of Board, Committee, etc.

For the Town Clerk
 Date/Time Received: 12-10-13 16:32 RCVD

Date/Time Posted: 12-10-13 16:32 OUT
[Signature]
 Clerk's Signature

AGENDA

Joint meeting with Cable Negotiating Committee
 members and Comcast Representative(s)

Discussion on:

Section: 3.1 Area to be serviced
 Of Comcast License Renewal

NOTICE OF MEETING
TOWN OF WARREN MASSACHUSETTS
Provisions Chapter 626 of the Acts of 1958

A meeting of the

Board of Selectmen
(Board or committee)

COPY

Will be held in the

SHEPARD MUNICIPAL BLDG
GYMNASIUM

(Place)

On

MONDAY 17th
(Day) (Date)

Day of

DECEMBER
(Month)

2013 at

7:00
(Time)

AM

PM

Signature of Board, Committee, etc.

For the Town Clerk

Date/Time Received: 12-12-13 12:51 RCVD

Date/Time Posted: 12-12-13 14:50 OUT

Deborah L. Lussier
Clerk's Signature

AGENDA

1. Comments and Concerns
2. Correspondence
3. FY 2011 CDBG Grant – Quarterly Report, formally close the grant.
4. ABCC (liquor) ; Town and Motor Vehicle License Renewals
5. Appointments: Conservation Commission; Environmental Certifying Officer
6. Treasury Warrant(s) and Invoices
7. Minutes
8. Administrative Assistant Report
9. Other Business
10. Next Meeting Date
11. Adjourn

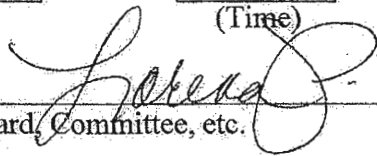
NOTICE OF MEETING
TOWN OF WARREN MASSACHUSETTS
Provisions Chapter 626 of the Acts of 1958

A meeting of the **Board of Selectmen**
(Board or committee)

Will be held in the **SHEPARD MUNICIPAL BLDG**
(Place)

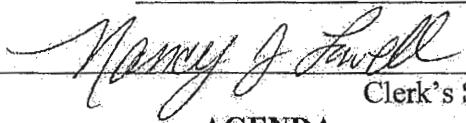
On **MONDAY** **23RD**
(Day) (Date)

Day of **DECEMBER** 2013 at **6:00** AM PM
(Month) (Time)

Signature of Board, Committee, etc. 

For the Town Clerk 18-12-13 15:04 RCVD
Date/Time Received:

Date/Time Posted: 18-12-13 15:04 OUT


Clerk's Signature

AGENDA

Joint meeting with Cable Negotiating Committee
members and Comcast Representative(s)

Discussion on:

Section: 3.1 Area to be serviced

Comcast License Renewal

Rescheduled from December 17, 2013

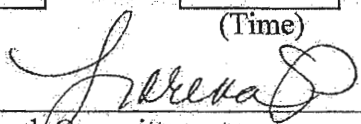
NOTICE OF MEETING
TOWN OF WARREN MASSACHUSETTS
Provisions Chapter 626 of the Acts of 1958

A meeting of the **Board of Selectmen**
(Board or committee)

Will be held in the **SHEPARD MUNICIPAL BLDG**
(Place)

On **MONDAY** **23rd**
(Day) (Date)

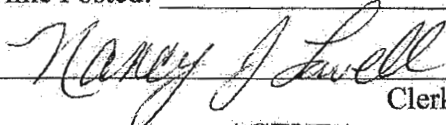
Day of **DECEMBER** 2013 at **7:00** AM PM
(Month) (Time)


Signature of Board, Committee, etc.

For the Town Clerk

Date/Time Received: 18-12-13 15:03 RCVD

Date/Time Posted: 18-12-13 15:04 OUT


Clerk's Signature

AGENDA

1. Comments and Concerns
2. Correspondence
3. 7:15 PM – Brian Corriveau – Discussion on Town concerns
4. FY 2011 CDBG Grant – Quarterly Report, formally close the grant.
5. ABCC (liquor) ; Town and Motor Vehicle License Renewals
6. Appointments: Conservation Commission; Environmental Certifying Officer
7. Treasury Warrant(s) and Invoices
8. Minutes
9. Administrative Assistant Report
10. Other Business
11. Next Meeting Date
12. Adjourn

Board of Selectmen

Contact: [Lorena Prokop , Selectmen's Assistant](#)

Address: 48 High Street, P.O. Box 609
Warren ,MA 01083

Phone: (413) 436-5701 ext 2

Fax: (413) 436-9754

Hours: Monday - Thursday 8 a.m. - 3 p.m.
Lunch 12 Noon - 12:30 p.m.

[Meeting Agendas](#)

[Meeting Minutes](#)

Additional Links:

[Guidelines for Selectmen's Meetings](#)

[USDA Home Improvement Grant/Loan](#)

[Senior Abatement Application](#)

[Senior Abatement Criteria](#)

Board of Selectmen Members

Name	Title	Term
Robert K. Downing	Chairman	May 2014
David A. Delanski	Vice-Chairman	May 2015
Robert E. Lavash Sr.	Clerk	May 2016

The Board of Selectmen meets on Tuesday evening at 7:00 PM at the Shepard Municipal Building. Meetings are generally held weekly. During the summer months, the board meets bi-weekly. Date and time can be confirmed on the Calendar located on the Home Page.

The Shepard Building is accessible by means of a stair lift to those unable to climb the steps and to those using conventional wheelchairs. The lift does not accommodate scooter type chairs due to the weight limit. Persons wishing to meet with the Selectmen who are unable to use the lift may contact the office 24 hours before a posted meeting to request an accommodation.

Open Mtg Law Complaint
Warren B.O.S.

UXBRIDGE PO
UXBRIDGE, Massachusetts
015699998

2445930569-0099

01/21/2014 (800)275-8777 04:52:57 PM

Sales Receipt

Product Description	Sale Unit Qty Price	Final Price
---------------------	---------------------	-------------

* BOSTON MA 02108 Zone-1 *		\$0.66
First-Class Mail Letter		
1.50 oz.		
Expected Delivery: Thu 01/23/14		
Return Rcpt (Green Card)		\$2.55
@@ Certified		\$3.10
Label #:		
70131710000100720297		

Issue PVI: \$6.31

* WARREN MA 01083 Zone-1 *		\$0.66
First-Class Mail Letter		
1.50 oz.		
Expected Delivery: Thu 01/23/14		
Return Rcpt (Green Card)		\$2.55
@@ Certified		\$3.10
Label #:		
70131710000100720303		

Issue PVI: **PAID** \$6.31

Total: ~~#~~ Check 675 \$12.62

Paid by:
Personal Check \$12.62

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

Quick Tools

Track

Enter up to 10 Tracking # Find

Find USPS Locations

Buy Stamps

Schedule a Pickup

Calculate a Price

Look Up a ZIP Code™

Hold Mail

Change of Address

Ship a Package

Send Mail

Manage Your Mail

USPS Tracking™



Tracking Number: 70131710000100720303

Expected Delivery Day: Thursday, January 23, 2014

Product & Tracking Information

Postal Product:

First-Class Mail®

Features:

Certified Mail™

Return Receipt

Av


Em

DATE & TIME	STATUS OF ITEM	LOCATION
January 23, 2014 , 12:33 pm	Delivered	WARREN, MA 01083
January 23, 2014 , 11:15 am	Available for Pickup	WARREN, MA 01083
January 23, 2014 , 11:14 am	Arrival at Unit	WARREN, MA 01083
January 22, 2014	Depart USPS Sort Facility	HARTFORD, CT 06101
January 22, 2014 , 7:41 pm	Processed through USPS Sort Facility	HARTFORD, CT 06101
January 22, 2014	Depart USPS Sort Facility	SHREWSBURY, MA 01546
January 21, 2014 , 10:27 pm	Processed at USPS Origin Sort Facility	SHREWSBURY, MA 01546
January 21, 2014 , 5:09 pm	Dispatched to Sort Facility	UXBRIDGE, MA 01569
January 21, 2014 , 4:51 pm	Acceptance	UXBRIDGE, MA 01569

Track Another Package

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Deborah Lullusse</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Deborah Lullusse</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Attn: Open Meeting Law Complaint Town Clerk's Office Town of Warren PO Box 603 Warren MA 01083-0603</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>RECEIVED JAN 23 2014 003</i> USPS</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7013 1710 0001 0072 030</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Victor Morales</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>Article Addressed to:</p> <p><i>Attn: Open Meeting Law Complaint AGO - Div of Open Govt 1 Ashburton Pl Rm 1801 Boston MA 02108-1598</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>RECEIVED JAN 23 2014</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label)</p>	<p><i>7013 1710 0001 0072 0297</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Deborah LaCasse</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Deborah LaCasse</i></p>
<p>1. Article Addressed to:</p> <p><i>Open Meeting Law Complaint Warren Town Clerk PO Box 603 Warren, MA 01083-0603</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 1710 0001 0072 0327</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kerry Schmidt</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kerry Schmidt</i></p>
<p>1. Article Addressed to:</p> <p><i>Open Meeting Law Complaint Warren Selectmen PO Box 609 Warren, MA 01083-0609</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 1710 0001 0072 0310</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154