

# **PRIOR NOTIFICATION FORM**

## **NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS**

TO (list applicable alders of): ALL

WARD # ALL

DATE: **July 1, 2024**

FROM: Department/Office Health  
Person Maritza Bond, Director Telephone (203) 946-8351

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT WITH YALE SCHOOL OF MEDICINE FOR SYRINGE CLEAN-UP AND DISPOSAL IN THE AMOUNT OF \$25,000 FOR THE PERIOD OF SEPTEMBER 15, 2024 TO SEPTEMBER 14, 2025 AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Check one if this an appointment to a Board or Commission:

- ☐ Democrat
- ☐ Republican
- ☐ Unaffiliated/Independent/Other \_\_\_\_\_

### **INSTRUCTIONS TO DEPARTMENTS**

1. Departments are responsible for sending this form to the alder(s) affected by the item.
2. This form must be sent (or delivered) directly to the alder(s) **before** it is submitted to the Legislative Services Office for the Board of Alders agenda.
3. The date entry must be completed with the date this form was sent the alder(s).
4. Copies to: alder(s); sponsoring department; attached to submission to Board of Alders.