

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # **ALL**

DATE: **January 8th, 2024**

FROM: Department/Office New Haven Health Department
Person Maritza Bond, Director Telephone 203/946-6999

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:

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1
RECLASSIFYING THE POSITION OF SENIOR SANITARIAN TO SANITARIAN
WITHIN THE HEALTH DEPARTMENT

Check one if this an appointment to a 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.