

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Order to Appoint/Reappoint
<input checked="" type="checkbox"/>	Prior Notification Form/Notice of Matter to be Submitted
<input checked="" type="checkbox"/>	Prior Notification Letter to Appointee/Re-appointee
<input checked="" type="checkbox"/>	Application for City Boards/Commissions
<input checked="" type="checkbox"/>	Resumé/CV <u>or</u> personal statement of interest/bio

Other:

<input checked="" type="checkbox"/>	Attendance for past 12 months (*reappointments only)
<input type="checkbox"/>	Recommendations/support letters (optional)
<input type="checkbox"/>	Annual Disclosure Form

Date Submitted: January 24TH, 2024

Meeting Submitted For: February 5TH, 2024

Regular or Suspension Agenda: Regular

Submitted By: Barbara Montalvo, Legislative Liaison to the BOA

Title of Legislation:

ORDER OF THE NEW HAVEN BOARD OF ALDERS APPROVING THE REAPPOINTMENT OF DR. DARNELL YOUNG, DMD TO THE BOARD OF PUBLIC HEALTH.

Comments: LEGISTAR FILE ID: LM-2024-0070

Coordinator's Signature: N/A

Controller's Signature (if grant): N/A

Mayor's Office Signature: _____

Call (203) 946-7670 or email bmontalvo@newhavenct.gov with any questions.

****PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED****