

**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: April 20, 2026

Meeting Submitted For: May 4, 2026

Regular or Suspension Agenda: Regular

Submitted By: Alex Guzhnay, Legislative Liaison to the Board of Alders

**Title of Legislation:**

ORDER OF THE NEW HAVEN BOARD OF ALDERS APPROVING THE REAPPOINTMENT OF DAVID CANTONWINE TO THE BOARD OF PUBLIC HEALTH.

Comments: Legistar File ID: LM-2026-0187

Coordinator's Signature: N/A

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

Mayor's Office Signature: 

Call (203) 927-0802 or email [aguzhnay@newhavencr.gov](mailto:aguzhnay@newhavencr.gov) with any questions.

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