PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of):				ALL		
			WARD#	ALL		
DA	TE:	November 6, 2025				
FR	OM:	Department/Office Person	Corporation Patricia Ki		Telephone	203-946-7951
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:						
OF AN TO BO CE	THE COD SERVENT MSP NOTERS INTERS INT	THE NEW HAVES DRPORATION COU ICE AGREEMENT AVIGATOR AND I JURY CLAIM DAT FOR MEDICARE & TNG CUSTOMER (AND SCHIP EXTE	JNSEL TO WITH ISO RELATED TA OF ME MEDICAII COMPLIAN	ENTER INTO A CLAIMS PARTN SERVICES, A SY DICATE ELIGIBI D SERVICES (CMS ICE WITH SECT	MULTI-YE ERS, INC. T STEM FOR LE CLAIMA S) FOR THE ION 111 O	AR PRODUCT O SUBSCRIBE REPORTING NTS TO THE PURPOSE OF F MEDICARE,
Check one if this an appointment to a Board or Commission: Democrat Republican						
Unaffiliated/Independent/Other						
INSTRUCTIONS TO DEPARTMENTS						
1.	Departme	ents are responsible for se	nding this forr	n to the alder(s) affecte	ed 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 t	his form was sent the a	lder(s).	
4.	Copies to	: alder(s); sponsoring dep	artment; attacl	ned to submission to B	oard of Alders.	