

CHECK LIST FOR ALDERMANIC SUBMISSIONS

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

Date Submitted: November 27TH, 2023

Meeting Submitted For: December 4TH, 2023

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
APPOINTMENT OF DR. TAMIKO JACKSON-MCARTHUR TO THE BOARD OF
PUBLIC HEALTH.

Comments: LEGISTAR FILE ID: LM-2023-0633

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****