

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO BOARD OF ALDERS

TO: ALL **WARD#:** ALL WARDS

DATE: August 1, 2022

FROM: Department/Office: Health Department
Person: Maritza Bond, Director of Health
Ph.: 203-946-6978

This is to inform you that the following matter affecting your ward(s) will be submitted to New Haven Board of Alders in the near future:

Title of the Legislation

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO
APPLY FOR AND ACCEPT THE OVERDOSE DATA TO ACTION AWARD FROM
THE QUINNIPIACK VALLEY HEALTH DISTRICT FROM SEPTEMBER 1, 2022 TO
AUGUST 31, 2023.

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: alderperson(s); sponsoring department; attached to submission to Board of Alders.