



Health Department
health@westalliswi.gov
414.302.8600

June 12, 2019

Honorable Mayor and
Members of the Common Council
West Allis, Wisconsin

Dear Mayor Devine and Alderpersons:

I respectfully request permission to destroy the records listed below. The request is made pursuant to Section 1.09 of the Revised Municipal Code of the City of West Allis.

NEGATIVE TUBERCULIN TEST RESULTS	2011 and prior
DENTAL VARNISH/SEALENT RECORDS	2011 and prior
MISCELLANEOUS RECEIPTS	2011 and prior
MEDICAID PROVIDER REMITTANCE ADVICE REPORTS	2011 and prior
PNCC QUESTIONIARRES	2011 and prior
COMMUNICABLE DISEASE REPORTS	2011 and prior
BIRTH & DEATH CERTIFICATE REQUESTS & RECEIPTS	2011 and prior
DEATH DISPOSITIONS	2011 and prior
CONFIDENTIAL BIRTH REPORTS	2011 and prior

Thank you for your consideration.

Sincerely,

Dan Koralewski
Interim Health Commissioner