

Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

December 27, 2017

Ms. Karen Gibbs Aurora West Allis Medical Center 8901 W. Lincoln Ave. West Allis, WI 53227

Dear Ms. Gibbs:

Your reappointment as a member of the West Allis Board of Health has received approval by the West Allis Common Council and Notice of Appointment is enclosed.

You are required by State Law to file an oath of office with the City Clerk within ten days of receipt of the notice.

You may take your oath from 8:00 a.m. to 5:00 p.m. on Monday through Friday. If you cannot come to the office during the week, please call the Clerk's Office at 302-8200 and a convenient time will be arranged for you.

Yours very truly,

Marica Schultzin

Monica Schultz

City Clerk

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Enclosure

NOTICE OF APPOINTMENT

Office of the Clerk, City of West Allis

TO: Ms. Karen Gibbs:

You are hereby notified that at a meeting of the Common Council in and for the City of West Allis in the County of Milwaukee, Wisconsin, on the 19th day of December, 2017, you were duly reappointed to the office of:

West Allis Board of Health

Dated this 27th day of December, 2017.

Monica Schultz

City Clerk



Steven A. Braatz, Jr.
City Clerk
City Clerk's Office
414.302.8220
sbraatz@westalliswi.gov

April 24, 2018

Ald. Rosalie Reinke 2821 S. 114th St. West Allis, WI 53227

Dear Ald Reinke:

On December 19, 2017, Ms. Karen Gibbs was reappointed as a member of the West Allis Board of Health. Her term expires January 1, 2020.

On April 23, 2018, Ms. Karen Gibbs filed her Oath of Office, with the City Clerk's Office and is eligible to serve as a member of the above said Committee.

Very truly yours,

Steven A. Braatz, Jr.

City Clerk

ljr

CC:

Mayor Devine

| MILWAUKEE CO | UNTY \(\int \text{ss.} \) I, the undersignment | gned, who have been | eappointed | or appointed) |
|--|--|---|---|---|
| to the office of | West Allis Board of Health | | (elected) | in and for the |
| will support the Consti | LIS, in Milwaukee County, but I tution of the United States and to said office to the best of my abi | he Constitution of the S | ate of Wiscon | |
| Subscribed and sworm of 23 and day of | before me this or 18 | Lan | (signature) | |
| Notary Public | J. D. C. | Ká | ren Gibbs | |
| My commission expires $\sqrt{3-13-19}$ | | *************************************** | (print name) | |
| My commission expires <u>\(\lambda \)</u> | | | | |
| | atutes) | *************************************** | ***** | |
| | atutes) | *************************************** | ******* | *************************************** |
| (Section 19.01 Wisconsin St | atutes) | *************************************** | *************************************** | *************************************** |

MS/ljr CITY CLERK/TREASURER Filed this 23rd day of April

OATH OF

Karen Gibbs

* * * * * * * * *

as Member of the West Allis Board of Health City of West Allis, Wisconsin

Milwaukee County, Wisconsin

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Dan Devine
Mayor
Mayor's Office
414.302.8290
ddevine@westalliswi.gov

December 19, 2017

Honorable Members of the West Allis Common Council City Hall West Allis, Wisconsin

Dear Council Members:

I am herewith reappointing Alderperson Rosalie Reinke as a member of the West Allis Board of Health. She serves as one of the two Aldermanic Representatives. Her two-year term will expire on January 1, 2020.

Your confirmation of this reappointment will be appreciated by the undersigned.

Sincerely,

Dan Devine,

Mayor

DD:jfw

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Dan Devine
Mayor
Mayor's Office
414.302.8290
ddevine@westalliswi.gov

December 19, 2017

Honorable Members of the West Allis Common Council City Hall West Allis, Wisconsin

Dear Council Members:

I am herewith reappointing Alderperson Dan Roadt as a member of the West Allis Board of Health. He serves as one of the two Aldermanic Representatives. His two-year term will expire on January 1, 2020.

Your confirmation of this reappointment will be appreciated by the undersigned.

Sincerely,

Dan Devine,

Mayor

DD:jfw

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