



October 11, 2016

Ms. Karen Gibbs Aurora West Allis Medical Center 8901 W. Lincoln Ave. West Allis, WI 53214

Dear Ms. Gibbs:

Your appointment 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.

Enclosed is the City's Code of Ethics and the Ordinance Relating to Requiring Attendance of the Board, Commission and Committee Members. Please read the booklet, and return the completed Acknowledgement form to the City Clerk's Office.

Yours very truly,

Monica Schultz

City Clerk

ljr 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 4th day of October, 2016, you were duly appointed to the office of:

West Allis Board of Health

Dated this 11th day of October, 2016.

Monica Schultz

Monica Schultz or

City Clerk



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

June 30, 2017

Ald. Rosalie Reinke 2821 S. 114<sup>th</sup> St. West Allis, WI 53227

Dear Ald. Reinke:

On October 4, 2016, Ms. Karen Gibbs was appointed as a member of the West Allis Board of Health. Her term expires January 1, 2018.

On November 1, 2016 Ms. Karen Gibbs filed her Code of Ethics Acknowledgement; and on June 22, 2017, 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,

Maries Schultz Monica Schultz City Clerk

ljr

cc:

Mayor Dan Devine

MILW	OF WISO	COUNTY	ss. Allis Boo			o have been	appointed <pre></pre>	in and for the
CITY O	F WEST A	ALLIS, in Monstitution	Milwaukee Cof the United	County, bu	ut have not nd the Con	yet entered upon stitution of the S HELP ME GOD.	the duties thereof, swe tate of Wisconsin, and v	ar (or affirm) that
» oo	and sworn to	before me th	is 20			Daw	Le	
a Mane Mell						(signature)		
Notary Public My commission expires W- 19-19						Karen Gibbs		
(Section 19.	01 Wisconsin S	tatutes)	******	******	******	*****	(print name)	*****
						· · · · · · · · · · · · · · · · · · ·		
		5						
*						1		
ď.		,	*			9 K	× ×	
	v u							
								a
				±.			١.	
					I		in Schultz	Ma
	<u>4</u>							
		E = E			20 17			
( <del>*</del> .	*	t Allis	City of West Allis, Wisconsin Milwaukee County, Wisconsin	*		~	4.,	) N [
OATH OF	Karen Gibbs *****	the Wes	t Allis, V	* * * * * * * * * * * * * * * * * * *	June	MS/ljr CITY CLERK		
0	Karen ***	r of t	of Wes	* * *	d day of	CIT		
		as Member of the West Allis Board of Health	City		Filed this 22nd day of			