



FOR OFFICE USE ONLY
Beginning Date: _____
Expiration Date: _____
Resignation Date: _____
Entered: _____

Deputy Town Health Officer Recommendation Form

This is a: New Appointment Re-appointment

Is a resignation letter needed from previous Health Officer? Yes No

Start Date: _____ Town/Municipality: _____

County: _____ Full Name: _____

Home Delivery Address: _____
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: _____

Email Address: _____

Telephone(s): W: _____ H: _____ Cell: _____

Education: High School ____ College ____ Other (list) _____

Professional Degree: ____ (e.g. MD, RN, DVM, DDS) Occupation: _____

Please give a brief statement noting why the select board believes the recommended individual will make a good Health Officer:

Signed: _____
Chair of the Local Board of Health Board Meeting Date

Print Name: _____

Return completed recommendation form to:
VT Department of Health / Environmental Health
108 Cherry Street • PO Box 70
Burlington, VT 05402