



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