VERMONT
DEPARTMENT OF HEALTH

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: June 1, 2020 Town/Municipality: Winooski

County: Chittenden Full Name: Erika Bailey

Home Delivery Address: 20 Greenfield Road DS Essex VT 05452
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: 27 West Allen Street Winooski VT 05404

Email Address: ebailey@winooskivt.gov

Telephone(s): W: _____ H: _____ Cell: 802.734-1001

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

Professional Degree: ___(e.g. MD, RN, DVM, DDS) Occupation: Asst. Fire Marshal / Fire Captain

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