LakeCounty
Health Department and
Community Health Center

Christopher Hoff, MPH
Executive Director

3010 Grand Avenue
Waukegan, Illinois 60085
Phone: 847-377-8000

March 5, 2026

Miriam Smith-Taylor
[redacted]

Dear Chair Smith-Taylor,

You are a valued member of the Governing Council, and the time, commitment and sacrifice you make to participate in meetings is appreciated. Understanding that priorities need to be constantly evaluated, I want to extend to you the opportunity to let us know your wishes regarding your continued service as a Council Member.

Please complete the questionnaire below and return it to me. You can hand deliver it, send it via regular mail, or email it to [redacted].

Sincerely,

Khiabet Mata

Khiabet Mata
Executive Director Assistant

Please indicate with an "X" which statement represents your decision to serve on the Governing Council.

X I wish to continue serving as a Governing Council Member, if reappointed, for an additional 2-year term, ending March 2028.

____ I do not wish to continue serving as a Governing Council Member.

Reason:_____

_____

Miriam Smith Taylor — Signature

3-5-2026 — Date