

October 23, 2019

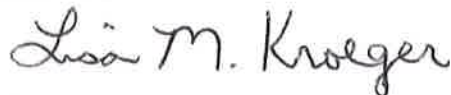
Robert Tarter
3829 Bertrand Lane
Beach Park, IL 60099

Dear Member Tarter,

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, email it to lkroeger2@lakecountyil.gov, or fax it to 847-984-5868.

Sincerely,



Lisa M. Kroeger
Executive Director Assistant

Please indicate with an "X" which statement represents your decision to serve on the Governing Council for an additional 2-year term, ending (month) 20__.

☒ I wish to continue serving as a Governing Council Member, if reappointed.

☐ I do not wish to continue serving as a Board of Health Member.

Reason: _____



Signature

10-31-19

Date



Mark A. Pfister, MSES, LEHP
Executive Director

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

October 23, 2019

Melissa Withem-Voss
1735 Dickinson Street
Waukegan, IL 60087

Dear Member Withem-Voss,

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, email it to lkroeger2@lakecountyil.gov, or fax it to 847-984-5868.

Sincerely,

Lisa M. Kroeger
Executive Director Assistant

Please indicate with an "X" which statement represents your decision to serve on the Governing Council for an additional 2-year term, ending (month) 20__.

☒ I wish to continue serving as a Governing Council Member, if reappointed.

☐ I do not wish to continue serving as a Board of Health Member.

Reason: _____

Signature

10/31/2019
Date