

Beginning Date: Expiration Date: Resignation Date:
Expiration Date: Resignation Date:
Emtoro d.
Entered:

Deputy Town Health Officer Recommendation Form

nis is a: New Appointment Re-appointment
a resignation letter needed from previous Health Officer? \square Yes \square No
art Date: 05/01/2019 Town/Municipality: Town of Bristol
ounty: Addison Full Name: Theodore (Ted) Lylis
ome Delivery Address: 23 Garfield Street, Bristol, VT 05443 O NOT USE the Town Clerk Office or a Business for your Home Address)
reet Address for UPS Deliveries: 23 Garfield Street, Bristol, VT 05443
mail Address:tlylis@gmavt.net
elephone(s): W:(802) 453-3751 H:(802) 453-3751 Cell:(802) 377-1421
ducation: High School College X Other (list)
ofessional Degree: MS (e.g. MD, RN, DVM, DDS) Occupation: Self-employed Builder/Carpenter
ease give a brief statement noting why the select board believes the recommended dividual will make a good Health Officer: Science and construction background, retired.
gned:
Chair of the Local Board of Health Board Meeting Date
int Name: Joel Bouvier, Selectboard/Board of Health Chair
Return completed recommendation form to:

VT Department of Health / Environmental Health 108 Cherry Street • PO Box 70 Burlington, VT 05402

10.2014 Toll-Free Telephone: 800-439-8550 Fax: 802-863-7483