

STATE OF _____ } ss.
County of _____

The undersigned who has been appointed to the office of

MEMBER, BOARD OF HEALTH

but has not yet entered upon the duties thereof, swears that she will support the constitution of the United States and the constitution of the State of Wisconsin, and will faithfully discharge the duties of said office to the best of her ability.



DR. DOMONIQUE WEATHERS

Subscribed and sworn to before me this 7 day of
NOV, 2021.



CITY CLERK

My commission expires 7-5-2021