

129

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE TRACKING NUMBER

RECIPIENT'S COPY

9-18-91

From (Your Name) Please Print: June Gernuto
 Company: COUNTY EXECUTIVE OFFICE
 Street Address: 148 MARTINE AVE RM 903
 City: WHITE PLAINS State: NY ZIP Required: 10601

Your Phone Number (Very Important): (914) 285-2700
 Department/Floor No.: 2

To (Recipient's Name) Please Print: _____
 Recipient's Phone Number (Very Important): _____

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.)

PAYMENT 1 Bill Sender 2 Bill Recipient's FedEx Acct. No. 3 Bill 3rd Party FedEx Acct. No. 4 Bill Credit Card
 5 Cash/Check

4 SERVICES
(Check only one box)

Priority Overnight
(Delivery by next business morning)
 11 YOUR PACKAGING
 16 FEDEX LETTER *
 12 FEDEX PAK *
 13 FEDEX BOX
 14 FEDEX TUBE

Standard Overnight
(Delivery by next business afternoon)
 51 YOUR PACKAGING
 56 FEDEX LETTER *
 52 FEDEX PAK *
 53 FEDEX BOX
 54 FEDEX TUBE

Economy Two-Day
(Delivery by second business day)
 30 ECONOMY

Government Overnight
(Restricted to authorized users only)
 46 GOVT LETTER
 41 GOVT PACKAGE

70 OVERNIGHT FREIGHT **
(Confirmed reservation required)
 † Delivery commitment may be later in some areas.

5 DELIVERY AND SPECIAL HANDLING
(Check services required)

1 HOLD FOR PICK-UP (Fill in Box H)
 2 DELIVER WEEKDAY
 3 DELIVER SATURDAY (Extra charge) (Not available to all locations)
 4 DANGEROUS GOODS (Extra charge)
 5 DRY ICE _____ Lbs
 6 OTHER SPECIAL SERVICE _____
 7 SATURDAY PICK-UP (Extra charge)
 8 _____
 9 _____
 10 _____
 11 _____
 12 HOLIDAY DELIVERY (if offered) (if extra charge)

6 PACKAGES

WEIGHT in Pounds Only

Total Total

DIM SHIPMENT (Chargeable Weight)
 _____ lbs

L x W x H =

Received At:
 1 Regular Stop 3 Drop Box
 2 On-Call Stop 4 BSC
 5 Station

Emp. No. _____ Date _____

Cash Received
 Return Shipment
 Third Party Chg. To Del. Chg. To Hold

Street Address _____
 City _____ State _____ Zip _____

Received By: X
 Date/Time Received _____ FedEx Employee Number _____

Release Signature: June Gernuto
 FedEx Emp. No. _____ Date/Time _____

Federal Express Use

Base Charges _____
 Declared Value Charge _____
 Other 1 _____
 Other 2 _____
 Total Charges _____

REVISION DATE 4/91
 PART #137204 NCREC 7/91
 FORMAT #082

082

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EX "EE"



Westchester County

ANDREW P. O'ROURKE
County Executive

September 18, 1991

name
address

Dear *name*

I have received a copy of your letter of September 16, 1991 to the Board of Legislators regarding my appointment of Mack L. Carter to be Commissioner of Hospitals.

Considering the position you have taken, I cannot imagine your being able to fulfill your responsibilities under the Charter to advise me and the Commissioner of Hospitals. Accordingly, I would welcome your resignation from the Westchester County Medical Center Hospital Advisory Board. In order to assist you, a letter is enclosed for your signature along with a post-paid return envelope.

Very truly yours,

Andrew P. O'Rourke
County Executive

APO/PMG/jc

Dear Mr. O'Rourke:

Effective immediately, I hereby resign from the Westchester County Medical Center Hospital Advisory Board.

(Signature)

(Date)