

Cook County Office, Board or Commission Affidavit



Please fill out this application completely. Incomplete affidavits will not be considered for appointment. Please also submit your resume.

Please email the completed affidavit to Johnathan Buckner, Legislative Coordinator, at Jonathan.Buckner@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at bmiller@suffredin.org.

APPLICANT INFORMATION

Which office/board/commission are you applying for?		Chief of Bureau of Asset Management			
Last Name	KALAYIL	First	ANN	M.I.	P.
Current Street Address	[REDACTED]			Apartment/ Unit #	
City	LINCOLNWOOD	State	IL	ZIP	60712
Phone	[REDACTED]		E-mail Address		
How long have you lived at your current address?			6 yrs.		
Do you have multiple residences in Cook County?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application is true, correct and complete.

Applicant's Name: ANN P. KALAYIL

Applicant's Signature: *Ann P. Kalayil*

Date: 3/20/17

Subscribed and sworn before me this 21st day of MARCH, 2017

Notary Signature: *[Handwritten Signature]*



Notary Stamp