



**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 Patrick Carey, Special Assistant for Governmental and Legislative Affairs at patrick.carey@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at bmiller@suffredin.org.

APPLICANT INFORMATION					
Which office/board/commission are you applying for?		COOK COUNTY MEDICAL EXAMINERS' OFFICE			
Last Name	ARUNKUMAR	First	POANNI	M.I.	
Current Street Address	[REDACTED]			Apartment/Unit #	[REDACTED]
City	CHICAGO	State	IL	ZIP	60611
Phone	[REDACTED]		E-mail Address	[REDACTED]	
How long have you lived at your current address?			TWO YEARS		
Do you have multiple residences in Cook County?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If yes, please list your other addresses and which address is your primary address:					

APPOINTMENT INFORMATION

Have you received a Homeowner's Property Tax Exemption at any other address other than your primary address during the current tax year?

YES ☐ NO ☒

Is your primary residence located within the district of the office, board, or commission that you are applying for?

YES ☒ NO ☐

Have you reviewed the legal requirements for the appointment that you are seeking?

YES ☒ NO ☐

Do you fulfill the legal requirements for the appointment that you are seeking?

YES ☒ NO ☐

Do you possess any conflicts of interest that would prevent you from adequately representing the interests of the office, board or commission that you are applying for?

YES ☐ NO ☒

Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?

YES ☒ NO ☐

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

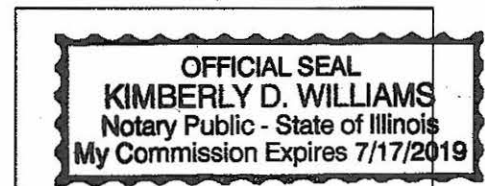
Applicant's Name: PONNI ARUNKUMAR

Applicant's Signature: Ponni Arunkumar, M.D.

Date: 7-8-2016

Subscribed and sworn before me this 8th day of July, 2016

Notary Signature: Kimberly Williams



Notary Stamp