



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 Health and Hospital System Board

Last Name

Driscoll

First

Mary

M.I.

Current Street Address

[REDACTED]

Apartment/
Unit #

City

Chicago

State

Illinois

ZIP

60614

Phone

[REDACTED]

E-mail Address

[REDACTED]

How long have you lived at your current address?

35 years

Do you have multiple residences in Cook County?

YES ☐

NO ☒

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: Mary Driscoll

Applicant's Signature: Mary Driscoll

Date: July 12, 2016

Subscribed and sworn before me this 12th day of July, 2016

Notary Signature: [Signature]

