



**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 appointments@cookcountyil.gov

APPLICANT INFORMATION

Which office/board/commission
are you applying for?

Morton Grove-Niles Water Commission

Last
Name

Fowler

First Mark

M.I.

L

Current
Street
Address

572 Webford Avenue

Apartment/
Unit #

City

Des Plaines

State IL

ZIP

60016

Phone

847-299-0287

E-mail
Address

Mark.fowler13@gmail.com

How long have you lived at your current address?

15 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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is your primary residence located within the district of the office, board, or commission that you are applying for?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Have you reviewed the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Do you fulfill the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

APPOINTMENT OBLIGATIONS

I have received and reviewed a copy of Article 70 of the State Officials and Employees Ethics Act (5 ILCS 430/70, et al.) and am aware of my obligations under Article 70 of the State Officials and Employees Ethics Act.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
I have received and reviewed a copy of the Cook County Ethics Ordinance and am aware of my obligations under the County's Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If appointed, I agree to cooperate with the Cook County Board of Ethics and/or Office of the Cook County Independent Inspector General in my capacity as an appointee as may be required under Article 70 of the State Officials and Employees Ethics Act (5 ILCS 430/70-20) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

If appointed, I shall not take any action that discriminates against any individual because of their race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, military discharge status, source of income, housing, or any other protected category established by law, statute or ordinance.

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.

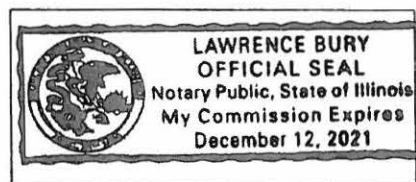
Applicant's Name: Mark L. Fowler

Applicant's Signature: Mark L. Fowler

Date: 6/28/18

Subscribed and sworn before me this 28th day of June, 2018

Notary Signature: L. Bury



Notary Stamp