

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 commission on Human Rights							
Last Name	5 mode	F	First	Am	ber	M.I.	R		
Current Street Address	4960 N. Marine	2 724.	#17	120	Apartment/ Unit #				
City	Chilago		Stat	e \(L ZIP 40640		40		
Phone	312 640 2191	E-mail Address			eaccessliving.org				
How long have you lived at your current a				ess?	5.5 years				
Do you have multiple residences in Cook (County? YES		NO 🔀	THE THE PERSON OF THE PERSON O	The second secon	
addresse	ease list your other es and which address rimary 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	ио 🖄					
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?	YEŞ 🛴	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:							
Date: 3 17 16							
MOTARY PL My Commis	DFFIGIAL SEAL ANCA E BAR JBLIC, STATE OF sion Expires No	R F ILLINOIS					