



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?

Deputy Liquor Commissioner

Last Name

Ali

First

Zahra

M.I.

Current Street Address

4218 Pinewood Lane

Apartment/
Unit #

City

Matteson

State

IL

ZIP

60443

Phone

312-608-5001

E-mail Address

Zahra.ali@cookcountyil.gov

How long have you lived at your current address?

May 2014

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: Zahra Ali

Applicant's Signature: Zahra Ali

Date: 10/23/2015

Subscribed and sworn before me this 23rd day of Oct., 2015

Notary Signature: Carolyn Drummond



Notary Stamp