

Q1

Please provide some basic information

Witness Name: Cliff Nellis

Organization (if any): Lawndale Christian Legal Center

City/Town: Chicago

State: IL

ZIP: 60623

Q2

Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee 7/242019 1030a

Q3

Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or cookcounty.board@cookcountyil.gov. You can also look it up using the County Calendar or the Forest Preserve Calendar

19-4285

Q4

What do you want to do?

ATTEND THE MEETING and SPEAK IN FAVOR of a specific item (You may still add written comments below)

Q5

Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

I am in favor of racism and racial inequities being declared a public health crises in Cook County.