

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

APPLIC	ANT INFORMATION		The same of the same of			**************************************
1	ffice/board/commission applying for?	Cook Con	ity En	rivonme	intal	Cerminissin
Last Name	Lovinger	First Sa	rali	M.I.	P.	· · · · · · · · · · · · · · · · · · ·
Current Street Address	1131 Oak A	venue		Apartn Unit #		
City	Evanston	State	IL	ZIP	6020) 2_
Phone	847 894 - 5026	E-mail Address	gree	ndoc c	990 8	mail.com
How lon	g have you lived at your cur	rent address?	10	ye a	avs	
Do you l	have multiple residences in (YES 🗆	NO 🔀			
addresse	lease list your other es and which address orimary address:					
APPOIN	TMENT INFORMATION	· · · · · · · · · · · · · · · · · · ·		·· ·· <u>-· ·</u> · ·	en all services of the service	

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 YES NO status, military discharge status, source of income, housing, or any other protected category established by law, statute or ordinance.
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: Savah Lovinger
Applicant's Signature: Savah Lung
Date: 9(24/2019
Subscribed and sworn before me this 24 day of Soplemble, 2019 Notary Signature: Donna Glavan Official Seel Notary Public - State of Illinois My Commission Expires Nov 14, 2022 Notary Stamp