

**LAKE COUNTY BOARD OF HEALTH
ADVISORY COMMITTEE APPLICATION**

Ben Metzler		
Name		Home Phone
		Libertyville
Home Address		City
IL	60048	Lake
State	Zip	County
Clark Dietz		Civil Engineer
Place of Employment		Title
625 57th Street, 6th Floor		Kenosha
Address		City
Wi	53140	Kenosha
State	Zip	County
847-525-9006		
Business Phone		
ben.metzler@clarkdietz.com;		
Email Address(es)		

Community activities, including offices held:

Cub Scout Pack 72 - Wolf Den Leader

Professional Activities/Organizations, including offices held:

Illinois Society of Professional Engineers, Lake County Chapter - Secretary, Vice President

I am interested in the following committee(s):

Environmental Health Advisory Committee

Please state why you are interested in the appointment:

My work includes components related to well and septic work, primarily with enforcement of Lake County and local ordinances and dealing with sewer connection requirements. Participation on a committee that shapes how a component of how our county functions would be an honor.

References:

Emily Basalla

Name

Manager

Affiliation

Same as work address

Address

[Redacted]

Phone

Tom Foley

Name

Colleague

Affiliation

Same as work address

Address

[Redacted]

Phone

If nominated, nominated by:

Name

Affiliation

Address

Phone

Committee membership is open to providers, consumers and citizens from Lake County. This ensures a balance of input from all groups affected by and interested in Lake County Health Department activities. At times, it is necessary to identify potential conflict of interest situations; therefore, please answer the following question.

Currently, or within the last 12 months, have you had any ownership, employment, medical staff, fiduciary, contractual, creditor, consultive, or familial relationship with the Lake County Board of Health, Health Department, or with any of its employees?

Yes

No

If Yes, please explain:

Each new applicant for membership is requested to complete this form. Present Committee members shall annually update the information. Each member is also responsible for notifying the Health Department of any change in employment or affiliation.

Attach a resume, if available.

The above information is accurate and correct to the best of my knowledge.

[Redacted Signature]

Signature of Applicant

11/4/2024

Date