

LAKE COUNTY BOARD OF HEALTH
ADVISORY COMMITTEE APPLICATION

CHUCK PINTOZZI
Name Home Phone
[REDACTED] [REDACTED]
Home Address City
IL 60010 LAKE
State Zip County
JW TRENCHING, INC. PRESIDENT
Place of Employment Title
28074 INDUSTRIAL AVE. BARRINGTON
Address City
IL 60010 LAKE
State Zip County
847-381-1340
Business Phone

Community activities, including offices held:

VILE PRESIDENT SAVANNAH HOMEOWNERS ASSOC.

Professional Activities/Organizations, including offices held:

I am interested in the following committee(s):

ENVIRONMENTAL HEALTH ADVISORY COMMITTEE

Please state why you are interested in the appointment:

TO PROVIDE INPUT FROM A PRIVATE SEWAGE DISPOSAL
SYSTEMS INSTALLATION CONTRACTOR, DESIGNER, & SERVICE
PROVIDER

References:

TERRY CAHILL ^{CONTINENTAL}
^{ENGINEERS}
^{& SURVEYORS}

Name

BUSINESS ASSOC.

Affiliation

Address

Phone

SCOTT SIMAN - LAND TECHNOLOGY, INC

Name

BUSINESS ASSOC.

Affiliation

Address

Phone

If nominated, nominated by:

TOM COPENHAVEN - LAKE COUNTY HEALTH DEPT.

Name

BUSINESS

Affiliation

Address

847-377-8020

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.

CN P

Signature of Applicant

7/5/16

Date