

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

Leonard Dane		
<b>Name</b>		<b>Home Phone</b>
		Kenosha
<b>Home Address</b>		<b>City</b>
Wisconsin	53143	USA
<b>State</b>	<b>Zip</b>	<b>County</b>
Hey and Associates, Inc		Senior Aquatic Scientist
<b>Place of Employment</b>		<b>Title</b>
26757 W. Commerce Dr. Suite 601		Volo
<b>Address</b>		<b>City</b>
Illinois	60073	USA
<b>State</b>	<b>Zip</b>	<b>County</b>
815-333-9621		
<b>Business Phone</b>		
<b>Email Address(es)</b>		

**Community activities, including offices held:**

\_\_\_\_\_  
President of Northern Illinois Conservation Club

\_\_\_\_\_  
Member of Willow Region Sportsman's Club

\_\_\_\_\_  
Board Member of Pheasants Forever – Lake County, IL Chapter

**Professional Activities/Organizations, including offices held:**

\_\_\_\_\_  
Board Member/Past President – Illinois Lake Management Association

\_\_\_\_\_  
Member American Fisheries Society – Illinois Chapter

\_\_\_\_\_  
Member Illinois Water Environment Association

**I am interested in the following committee(s):**

\_\_\_\_\_  
Environmental Health Advisory Committee (EHAC)

\_\_\_\_\_

**Please state why you are interested in the appointment:**

My past service with the LCHD has given me the knowledge of how LCHD works and I have the extensive understanding as a consultant how government can help (or harm) constituents. I look forward to giving input to codes, ordinances, or other environmental health issues that come up within the committee.

**References:**

Alana Bartolai  
Name

Lake County Health Department  
Affiliation

500 West Winchester Rd., Libertyville, IL  
Address

847-377-8009  
Phone

Vince Mosca  
Name

Hey and Associates, Inc  
Affiliation

26575 W. Commerce Dr. Ste. 601, Volo, IL  
Address

  
Phone

**If nominated, nominated by:**

Mike Adam  
Name

Lake County Health Department  
Affiliation

500 West Winchester Road, Libertyville, IL  
Address

847-377-8002  
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:

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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.

  
Signature of Applicant

12/02/2025  
Date