

LAKE COUNTY BOARD OF HEALTH ADVISORY COMMITTEE APPLICATION

Leonard Dane

Name

[REDACTED]
Home Phone

[REDACTED]
Home Address

Kenosha
City

Wisconsin

State

53143

Zip

USA

County

Hey and Associates, Inc

Place of Employment

Senior Aquatic Scientist

Title

26757 W. Commerce Dr. Suite 601

Address

Volo

City

Illinois

State

60073

Zip

USA

County

815-333-9621

Business Phone

[REDACTED]
Email Address(es)

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:

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