

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

Benjamin W. Metzler		847-525-9006
Name		Home Phone
222 4th Street		Libertyville
Home Address		City
Illinois	60048	Lake
State	Zip	County
RHMG Engineers, Inc		Vice President
Place of Employment		Title
975 Campus Drive		Mundelein
Address		City
Illinois	60060	Lake
State	Zip	County
847-362-5959 ext. 22		
Business Phone		
bmetzler@rhmg.com		
Email Address(es)		

Community activities, including offices held:

Professional Activities/Organizations, including offices held:

Illinois Society of Professional Engineers, Lake County Chapter, Secretary

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:

William R. Rickert

Name

Colleague

Affiliation

975 Campus Drive, Mundelein, IL

Address

847-362-5959

Phone

Marcia A. Brinley

Name

Colleague

Affiliation

Address

847-337-4084

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

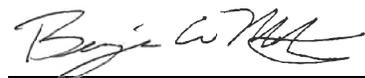
No

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.



Signature of Applicant

04/11/2018

Date