

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

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

**Community activities, including offices held:**

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

Illinois Society of Professional Engineers, Lake County Chapter, Secretary

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

Environmental Health Advisory Committee

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**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?

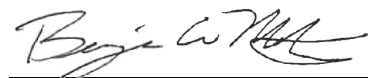
☐ Yes☒ No**If Yes, please explain:**

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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

04/11/2018

Date