Louisville Metro Boards and Commissions Submit Date: Jun 05, 2018 **Profile DMD** Dr Susie Riley Prefix First Name Last Name Suffix Street Address Suite or Apt State City Postal Code Email Address Smile Center Professionals dentist Employer Occupation What district do you live in? * **☑** District 19 Primary Phone Alternate Phone Interests * ▼ Public Health **Volunteer Activities** Dental Technical Advisory Committee, KY Advisory Committee for Medicaid, Church Director for Children's Sunday School

Past Service on City and County boards and Commissions?

Which Boards would you like to apply for?

○ Yes ○ No

Board of Health: Submitted

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Are you employed by Louisville Metro Government?
Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?
○ Yes No
Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?
Do you have any contract or matter pending before any Louisville Metro Government agency?
Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?
Additional Notes
CURRICULUMVITAE.doc Upload a Resume

Background Check

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Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro (Government and the	Administrative	Office of the	Courts to
search public records for an	y relevant information	on regarding me	9.	

⊙ Yes ⊂ No
Susie G. Jackson Please enter Maiden/Previous Names, if applicable.
Demographics
Ethnicity *
✓ African American
Political Party *
Gender *
▽ Female
Date of Birth

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