Profile Mr. G. Henry Ott First Name Prefix Last Name Suffix Street Address Suite or Apt State City Postal Code Email Address Fire and Investigative Consultants Co-Owner Employer Occupation What district do you live in? * **☑** District 22 Primary Phone Alternate Phone Interests * Public Safety **Volunteer Activities** Currently serve as a member/past Chairman of the Bingham Clinic an organization that treats children with mental and emotional challenges. Also a member of the Kentucky State Arson Task Force. Past member of the Buechel Fire Protection District Board and the YMCA Safe Place Board. Which Boards would you like to apply for? Suburban Fire Protection District Board of Trustees: Fern Creek: Submitted Past Service on City and County boards and Commissions?

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lf	Yes,	Please	List
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Retired as the Chief of Investigations for the Louisville Metro Arson Squad with 35 years of service, and a past member of the Buechel Fire Protection District Board.

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?

O Yes O 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?

○ Yes ○ No

Do you have any contract or matter pending before any Louisville Metro Government agency?

○ Yes ○ No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

O Yes O No

Additional Notes

As a member of the Fern Creek area, I would like to give back to my community. I now live in this area and have a great amount of experience that could assist the Fern Creek Fire Department as they provide emergency services in an ever challenging environment.

Short bio no case listing.pdf

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 any relevant information regarding me.

⊙ Yes ೧ No
Not applicable
Please enter Maiden/Previous Names, if applicable.
Demographics
Ethnicity *
▼ Caucasian/Non-Hispanic
Political Party *
Gender *
✓ Male
Date of Birth

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