Board of Health

Profile					
D.,	Frio		Fronier		
Dr Prefix	Erin First Name		Frazier  Last Name		Suffix
Street Addres				Suite or Apt	
Street Address	55			Suite of Apt	
City				State	Postal Code
Email Addres	S				
Norton F	Health Care	Physician/	/Pediatrician		
Employer Occupation			T Garagi Toraci		
What d	istrict do you live in? *				
<b>☑</b> Distr	ict 17				
Primary Phor	ne	Alternate Phone			
Interest	ts*				
<b>☑</b> Publ	ic Health				
Volunte	eer Activities				
-	elect a board and receive mit an application for that	_	ge " <b>This board does</b>	not have a va	<i>cancy"</i> you may
This me	essage will <u>NOT</u> prevent y	ou from sub	omitting an application	1.	
Which	Boards would you like t	o apply for	?		
Board of	Health: Appointed				
Past Se	ervice on City and Coun	ty boards a	and Commissions?		
Yes	c No				
If Yes, I	Please List				
,					

Submit Date: May 07, 2019

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Are you employed by Louisville Metro Government?
C Yes ⊙ No
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?
C 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?
○ Yes ⊙ No
Additional Notes
Upload a Resume
Background Check
If you are recommended for a board position, you will be contacted by Metro's Boards and Commissions Office requesting information to complete a background check.

Demographics

Ethnicity *	
Political Party *	
Republican	
Gender *	
Female	
Date of Birth	

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