



FOR OFFICIAL USE ONLY

**REQUEST FOR ETHICS
COMMISSION TO
ISSUE AN ADVISORY
OPINION**

Send completed form to:

**Chairman
Town of East Hampton
Ethics Commission
20 East High Street
East Hampton, CT 06424**

Name of requesting party: _____
(requesting party must be a public official or employee of the Town of East Hampton)

Department, Board, Commission or Agency of requesting party: _____

Date: _____

Your specific request for an advisory opinion should be set forth below.

Note: Be specific. Cite the specific sections of the Code of Ethics and/or the Code of Conduct of the Town of East Hampton that might be implicated by your request.

For example: "Is there a violation of the general prohibition against gifts or favors in the Code of Conduct by virtue of the following facts?"

Facts to be assumed should the Ethics Commission grant your request for an ethics advisory opinion.

Note: Be specific in setting forth the facts that you wish the Ethics Commission to assume.

The Ethics Commission will rely SOLELY upon the facts that you present.

Your fact statement should contain no names of individuals. Instead use references to positions within the Town of East Hampton.

Signature: _____

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<p>The Ethics Commission has taken the following action:</p> <p>No Opinion Rendered Due To: <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> Unauthorized Applicant <input type="checkbox"/> Discretion of Commission</p>	
<p>Opinion Rendered - Date _____</p>	<p>Adopted 12/06/2007</p>