



# TOWN OF OLD SAYBROOK

## Ethics Commission

302 Main Street • Old Saybrook, Connecticut 06475-1741  
Telephone (860) 395-3123 • FAX (860) 395-3125

### ADVISORY OPINION REQUEST FORM

Date submitted: \_\_\_\_\_

I hereby request an Ethics Commission decision concerning my request for an Advisory Opinion concerning the Old Saybrook Code of Ethics.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Town position held: \_\_\_\_\_

#### RELEVANT INFORMATION.-

- A.- What sections of the Old Saybrook Code of Ethics are involved in this request?
- B.- State the circumstances which you request the Commission to consider. (Use additional sheets if necessary).
- C.- What is the purpose of your request?
- D.- List all supporting documentation (if necessary to the decision).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information contained herein and materials submitted are made by the applicant under the penalties of false statement.

#### FOR ETHICS COMMISSION USE ONLY:

Received at meeting : (Date) \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

Advisory opinion issued on: (Date) \_\_\_\_\_