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) ________________

Ethics\Form\397  Approved 13 June 1995