

TO: Chair, Ethics Commission, Town of Madison

DATE: _____

ADVISORY OPINION REQUEST TO THE ETHICS COMMISSION

I. INSTRUCTIONS:

1. Complete this form in its entirety; use additional sheets (numbered) if necessary.
2. If you are inquiring about more than one section of the Code of Ethics, you must list each specific code section by number and describe all of the questions for which you are seeking advisory opinions. Refer to Code of Ordinances Sec. 2-207.
3. Completed form and documents must be submitted to the Town Clerk's Office in a sealed envelope addressed to the attention of the Ethics Commission Chair.

The Ethics Commission will keep your request for an Advisory Opinion confidential unless otherwise required by law.

II. IDENTIFYING INFORMATION

Name of Inquirer: _____

Address of Inquirer: _____

Inquirer's daytime telephone#: _____

Inquirer's Email Address: _____

Name and positions of all individuals for whom this Advisory Opinion is filed (attach additional numbered sheets if necessary):

II. POTENTIAL ETHICAL ISSUE

You must cite the specific section(s), including the specific subsection(s), of the Code of Ethics that you believe could be violated. Please include a separate description of the potential violation for each section(s) of the Code you believe is under consideration, including the name and position of persons potentially impacted by this issue. A statement of the facts and circumstances of the possible ethics issue(s) must be clearly identified. You may attach as many additional sheets as necessary. Sheets must be numbered and identified as Page # of # Pages at the bottom of each sheet, e.g. Page 1 of 10, Page 2 of 10, etc.

Total number of pages submitted with this Advisory Opinion Request (including this 2-page form):

I have read this Advisory Opinion Request and its attachments and believe it to be complete and accurate in all respects.

Date:

Inquirer

Date received by Chairman: _____

Inquiry Number:

Signed: _____

Chair, Ethics Commission