



TOWN OF ENFIELD
ETHICS COMMISSION

REQUEST FOR ADVISORY OPINION

Failure to provide all relevant information may result in an inability to process this request. Please print or type in all fields. Attach additional page(s) as necessary. Upon completion, this form should be treated with confidentiality pursuant to C.G.S §1-82a. However, any advisory opinion issued by the ethics commission shall be made publicly available where such disclosure will not violate the law.

Petitioner's Full Name:
Title/Position:
Mailing Address:
Telephone:
Email:

I hereby request an advisory opinion pursuant to the Code of Ethics Section 2-129 (1).
Provide a clear statement of the circumstances regarding the nature of your request and the specific paragraph or subsection of the Code which you believe is applicable.

Petitioner's Position. *Provide all detailed facts and your intended action.*

I certify that the information provided herein is true to the best of my knowledge. I understand that any Advisory Opinion issued pursuant to this request shall be binding on the town, public officials and municipal employees in any subsequent actions concerning the public official or municipal employee who sought the opinion and acted on it in good faith, unless material facts were omitted or misstated in the request for the advisory opinion.

Petitioner's Signature

Date

Subscribed and sworn to before:

Notarization Signature

Date