City of Rockville Ethics Commission

REQUEST FOR ADVISORY OPINION FORM (p. 1 of 2)

Code Reference: 16-3(a)(2)

Advisory opinions may be requested only by persons subject to the City's ethics provisions pursuant to Sec. 16-3(i).

Requestor's Name: _____

Requestor's Title/Position with the City: _____

Requestor's Address: _____

_____

Requestor's Telephone Number: _____

Requestor's Email Address: _____

Description of the facts and circumstances in question (attach an additional sheet if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

City of Rockville Ethics Commission

REQUEST FOR ADVISORY OPINION FORM (p. 2 of 2)

Summary of the ethics issue requested to be determined (attach an additional sheet if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Requestor's Signature: Date:

_____ _____

Print Name:_____

ETHICS COMMISSION
Address: 111 Maryland Avenue. Rockville, Maryland 20850. Tel: 240-314-8280