



Board of Ethics Advisory Opinion Request Form

For Internal Use Only

Date Received: _____

Opinion No.: _____

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www.townofcambria.gov

INSTRUCTIONS:

1. Please provide all information requested below.
3. Every Advisory Opinion Request form must be signed, or the concern will not be considered.
3. If necessary, please provide additional documentation to help the Board reach an informed opinion.
4. Place your form and documentation (if applicable) in a sealed envelope to the attention of the Board of Ethics Chairperson. Deposit the envelope in the Board of Ethics mailbox, #21.

EMPLOYEE INFORMATION:

Your Name: _____ Phone: _____

Email Address: _____

ETHICAL CONCERN:

Who is the concern about? Do they currently work for the Town of Cambria? ☐ Yes ☐ No

What is their current and/or potential Town position?

What is your relationship to the person in question?

Please describe your concern. Be as thorough as possible and provide all relevant information.
(If insufficient space is provided, additional sheets may be attached.)

[illegible]

Signature: _____ Date: _____