Canton Board of Ethics
Ethics Advisory Form

This form is to be used by **officials, employees or consultants** of the Town of Canton **only.** The completed form and the advisory opinion rendered by the Board shall be kept confidential pursuant to Town of Canton Ordinance #230, Section 4, C, (5).

Name_____
Address_____ City/Town _____
State _____Zip Code_____ Phone _____ Fax _____
e-mail _____

Relationship to the Town of Canton: Official ( ) Employee ( ) Consultant ( )
For which Board, Agency, Department? _____

If consultant, please list the name of company with address.
_____
_____

Please describe, with as much detail as possible, the situation(s), circumstance(s) or issue(s) on which an advisory opinion is being requested.

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You may use an attachment or the back side of this form if more space is needed.

_____ _____
Signature Date

_____

Date received by Board of Ethics _____
Date filed with Town Clerk _____