REQUEST FOR ADVISORY OPINION
FROM THE
CITY OF BAINBRIDGE ISLAND
BOARD OF ETHICS

TO: City Clerk

SUBMITTED BY: **Name:** _____

Address: _____

_____

_____

Telephone No.: _____

1. In accordance with Article II(C)(2) of the City Ethics Program and to the extent permitted by law and subject to the Washington State Public Records Act (RCW Chapter 42.56), the complaint, the contents of this request and the identity of the person requesting the advisory opinion (unless otherwise indicated) will be kept confidential. Do you desire that your identity remain confidential with regard to this request? **yes or no** (please circle one)

2. Does the situation for which you are seeking an advisory opinion involve an elected official? **yes or no** (please circle one)

3. Please describe the facts that constitute the violation(s) of the Code of Ethics. ***Do not identify the elected official(s) and other persons and/or entities involved in the past/current situation or potential future action.*** (If necessary, please attach additional pages for description)

4. Section(s) and subsection(s) of the Code of Ethics that are alleged to have been or would be violated ***[optional]***: _____

I, _____, hereby certify that the information described above is true to the best of my knowledge, information and belief.

By: _____
Date: _____