

**CITY OF MIDDLETOWN, CT
BOARD OF ETHICS
REQUEST FOR ADVISORY OPINION FORM**

Name _____

Mailing Address _____

Title _____

Are you a Middletown employee or official?

Check One: Employee _____ or Official _____

Describe your request for an advisory opinion. Be sure to state all relevant facts.

Date _____

Signature of party requesting an opinion

Date _____

Signature of Director/Supervisory Authority you have
consulted with prior to requesting Board's opinion

Note: use back side of paper if you need additional space.