



# City of Sioux Falls Board of Ethics Request for Advisory Opinion

Name of Individual Requesting Opinion: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Statement of the situation giving rise to the request for an advisory opinion. Include names of individuals, locations, and dates, as applicable.**

*Please be advised that the Board of Ethics may hear and discuss requests for advisory opinions in executive session only to the extent allowed by law. Even if an executive session is allowed, the Board must take any final action on the matter in a public meeting, where they must reveal your name and the general substance of your inquiry. If you have any pertinent and sensitive details to your inquiry that you wish to remain confidential, please share them with the Board during a possible executive session rather than placing them on this form or stating them in an open meeting of the Board.*

I request that this information be kept confidential:      Yes \_\_\_\_\_      No \_\_\_\_\_

The information provided is true to the best of my knowledge and belief.

Signature: \_\_\_\_\_      \_\_\_\_\_  
Date

Received by: \_\_\_\_\_      \_\_\_\_\_  
Date

***Please return completed form to the City Attorney's Office.***