TOWN OF BROOKFIELD
BOARD OF ETHICS

TOWN HALL
100 POCONO ROAD
BROOKFIELD, CT 06804

ADVISORY OPINION REQUEST

Print or type the following information:

Your Name:_____

Your Address:_____

Telephone Number(s):_____

Email Address:_____

Please provide the following information: (Attach an additional sheet if necessary.)

1. What specific action or decision concerns you as a possible violation?

2. What specific section of the Town Charter or Code of Ethics concerns you?

3. Provide details on the potential violation.

This form must be filed with The Town of Brookfield Board of Ethics, C/O The Town Clerk's office, 100 Pocono Road, Brookfield, CT. 06804.
An opinion will be rendered within 25 business days.

Received By_____
Brookfield Town Clerk's Office

Date Received:_____