

**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: _____