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: ____________________________