

# Board of Ethics Official Review Form

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

*Please provide a Brief Description of Concern (May Add Additional Pages/Documentation as Necessary)*

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*What section of the Code of Ethics is involved or in question?*

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**Please Drop Off or Mail:**

City of Lockport Ethics Board

c/o City Clerk's Office

One Locks Plaza

Lockport, NY 14094

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**Signature Required**

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**Date**