



LEXINGTON

Ethics Commission

**REQUEST FOR ETHICS
ADVISORY OPINION**

Pursuant to Ethics Act Section 25-28(2)

NAME _____ **ADDRESS** _____

PHONE NUMBER _____

REQUESTER IS A(N):

Officer

Employee

Candidate

Member of Public

The Ethics Commission Meetings are held quarterly on the first Thursday in February, May, August, and November, at 5:30 p.m. If you need an opinion prior to the next regularly scheduled meeting, please include an explanation in your request.

State facts in the space below. Please be as specific as possible. Attach copies of other opinions from any source, or other material on this subject matter, if applicable.

Do you waive the confidentiality of the opinion? **YES** **NO**

_____ **DATE**

_____ **SIGNATURE**

Return to: Council Clerk's Office
LFUCG
200 E. Main Street, 2nd floor
Lexington, KY 40507