



LEXINGTON

Ethics Commission

**DISCLOSURE/
CONFLICTS OF INTEREST**

Pursuant to Ethics Act Section 25-5(4)

Please return form prior to consideration of this matter.

Meeting Body: _____

Meeting Date: _____

I, _____ (*please print*), do hereby disqualify myself from voting on _____ for the reason(s) stated below:

DATE

SIGNATURE

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