City of Sioux Falls
Board of Ethics
Request for Advisory Opinion

Name of Individual Requesting Opinion: _____

Address: _____

Telephone Number: _____

Date Filed: _____

Statement of the situation giving rise to the request for an advisory opinion.
Include names of individuals, locations, and dates, as applicable.

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I request that this information be kept confidential Yes _____ No _____

The information provided is true to the best of my knowledge and belief.

_____ _____

Signature Date

Received by:

_____ _____

Name Date

Please return completed form to the City Attorney's Office.