



Town of Deep River

Municipal Ethics Commission

PO Box 1033 * Deep River, Connecticut 06417
(860) 526-6024

Advisory Opinion Form

Date Submitted: _____

Section VII of the Code of Ethics allows any officer, official or employee of the Town of Deep River to seek an advisory opinion as to the application of any provision of the code of ethics to a particular situation or as to an interpretation of any such provision.

Your Identifying Information:

Name: _____
Address _____
City, State, Zip _____
Phone: _____
E-Mail _____
Relationship to Town: ☐ Officer ☐ Official ☐ Employee ☐ Other
Board/Agency/Department _____

Advice Requested:

Please describe, with as much information as possible, the situation, circumstance, or issue on which an advisory opinion is being requested. Please include all relevant facts. Attach additional sheets as necessary.

Number of sheets attached _____

Please indicate the section(s) of the Code of Ethics which you believe is related to this situation:

- ☐ Section IV – Conflict of Interest Please indicate specific paragraph number(s) _____
☐ Section V – Former Public Officials/Employees Please indicate specific paragraph number(s) _____

Send this form and any attachments to:

Chairman of the Ethics Commission
PO Box 1033
Deep River, CT 06417

Signature: _____ Date: _____



Town of Deep River

Municipal Ethics Commission

PO Box 1033 * Deep River, Connecticut 06417
(860) 526-6024

FOR ETHICS COMMISSION USE ONLY:

Dates:

- a. Received by the Ethics Commission _____
- b. Presented to the Commission _____
- c. Action Due Date (60 Days from b.) _____
- d. Date to be considered by Commission _____