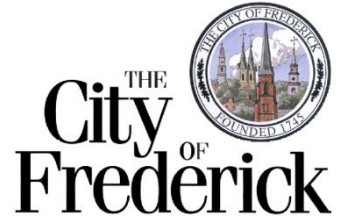


REQUEST FOR ADVISORY
OPINION FORM



Requestor's Name: _____

Requestor's Title/ Position: _____

Requestor's Address: _____

Requestor's Telephone Number: _____

Requestor's e-mail address: _____

Description of the facts and circumstances in question (attach an additional sheet if necessary):

ETHICS COMMISSION

101 North Court Street • Frederick Maryland 21701 • 301-600-1453 • Fax: 301-600-3840

