Suffield Ethics Commission

ADVISORY REQUEST FORM

Date:_____

Name:_____
Address:_____Town/City_____State___
Zip Code_____ Phone_____Fax_____
E-mail_____

Please describe, with as much detail as possible, the situation(s), circumstance(s) or issue(s) on which an *Advisory Opinion* is being requested.

_____

_____

Signature