



STATE OF CONNECTICUT – COUNTY OF TOLLAND  
INCORPORATED 1786

# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187

www.ellington-ct.gov

## ADVISORY OPINION REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Signature: \_\_\_\_\_