

## DISCLOSURE FORM

Date Completed:	Date Filed with City Secretary:
	(To be filled out by City Secretary
City Official's Printed Name	
City Official's Office or Position	
Conflict of Interest Being Disclos	ed (Cite Code Section(s))
Date Conflict was Realized:	
surrounding the conflict. You may at necessary.):	you believe a conflict of interest exists and the factual circumstances ttach additional pages to this form as well as any attachments you deem
City Official's Signature	