Municipal Board of Ethics

#: _____- _____

632 West 6th Ave. Ste. 250 Anchorage, Alaska 99501

Mailing Address: P.O. Box 196650 Anchorage, AK 99519-6650

Meeting Date: _____

Phone: 343-4311

Municipal Clerk: Barbara A. Jones

CONFIDENTIAL Request for an Advisory Opinion CONFIDENTIAL

Anchorage Municipal Code: Chapter 1.15 CODE OF ETHICS, AMC 1.15.150 *Advisory Opinions.*

A. Current, former, or potential **public servant** may request an advisory opinion regarding the applicability and interpretation of this chapter related to actions, rights, or conflict personal to the inquirer.

B. The municipal clerk, the municipal ombudsman, and the municipal attorney may request an advisory opinion from the board of ethics regarding the applicability and interpretation of this chapter.

C. In any later proceeding involving the inquirer, the inquirer is entitled to rely on the advice of the board, and may not be sanctioned for acting in compliance with the board's advice so long as the facts remain substantially unchanged from those represented to the board in the inquiry.

D. **A request for advice is confidential** unless confidentiality is waived by the person requesting an advisory opinion.

*** *** ***

◯ **Current**	◯ **Employee**	◯ **Municipal Clerk**
◯ **Former**	◯ **Board Member**	◯ **Municipal Attorney**
◯ **Potential**	◯ **Elected Official**	◯ **Municipal Ombudsman**

AMC 1.15.030D. **Public Servants** - all persons within the scope of this code, including employees, board members, and elected officials.

In accordance with AMC 1.15, I am requesting applicability and interpretation of the following **section of the Municipal Code of Ethics**: _____

Please describe your request:

_____

_____

_____

_____

_____

_____

_____

_____

(Attach separate sheets as necessary.)

◯ **Waive Confidentiality** ◯ **I Request Confidentiality**

I understand that advisory opinions are required to be posted on the Municipal Website. The Board shall make sufficient deletions to prevent disclosure of the persons who have requested anonymity. AMC 1.15.150F. **I affirm to the best of my knowledge that my statement is true, correct, and complete.**

Signature of Requestor: _____ Date: _____

Printed Name: _____ Phone Number: ( ) -

Email Address: _____

Mailing Address: _____