



City of
ABERDEEN
BOARD OF ETHICS

REQUEST FOR ADVISORY OPINION

Name of Individual Requesting Opinion: _____

Address: _____

Telephone Number: _____

Email Address: _____

Statement of situation giving rise to the request for an advisory opinion. Please include names of individuals, locations, and dates, as applicable. Use a separate page if necessary.

Please be advised that the Board of Ethics may hear and discuss requests for advisory opinions in executive session only to the extent allowed by law. Even if an executive session is allowed, the Board must take any final action on the matter in a public meeting, where they must reveal your name and the general substance of your inquiry. If you have any pertinent and sensitive details to your inquiry that you wish to remain confidential, please share them with the Board during a possible executive session rather than placing them on this form or stating them in an open meeting of the Board.

I request that this information be kept confidential: Yes _____ No _____

The information provided is true to the best of my knowledge and belief.

Signature: _____

Date: _____

Request received by: _____

Date: _____

Return completed form to:
City Attorney/City Manager
2nd Floor ~ Municipal Building
123 South Lincoln Street
Aberdeen, SD 57401
(605) 626-7025