

TRANSACTIONAL STATEMENT OF DISCLOSURE FOR THE TOWN OF CLARENCE

(Please complete legibly. Be as specific as possible. Use additional pages as necessary.)

NAME _____

SPECIFIC TOWN POSITION _____

SUBJECT OF DISCLOSURE (Please Identify Agenda Item and Date) _____

REASON FOR DISCLOSURE (Be Specific)

DO YOU PLAN TO OR HAVE YOU RECUSED YOURSELF DUE TO THIS DISCLOSURE?

Yes _____

No _____

PLEASE STATE THE REASON(S) FOR THE RECUSAL OR LACK OF RECUSAL

DATE _____

SIGNATURE _____

*NOTE: This Form needs to be completed and filed **EACH** time a potential transactional conflict occurs

**You must file this Form with the Town Clerk within 10 business days of the conflict
(Copies of this Form are available from the Town Clerk)**