

FOR OFFICE USE ONLY
AO NUMBER:
DATE RECEIVED:

## §A30-3 Future Conduct Advisory Opinion Request Form

## **Requestor's Information** Name: *Check the following that apply to you:* □Current County Employee ☐Former County Employee □ Prospective County Employee □ Supervisory Official of a Current County Employee / Former County Employee / Prospective County Employee ☐ Other Suffolk County Public Servant Provide your County Title and Department/Agency/Board:\_\_\_\_\_\_ Phone Number: Fax Number: Mailing Address for Advisory Opinion: **Detailed Description of Request** (attach additional pages if necessary): Have you previously received an Advisory Opinion on this matter? ☐ Yes - previously requested on the following date: / / $\square$ No OFFICE USE ONLY Requestor's Signature: Printed Name: \_\_\_\_\_ (STAMP RECEIVED)

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