Request for Advisory Opinion

Town of New Paltz Ethics Board
www.townofnewpaltz.com

PO Box 550, New Paltz, New York 12561

Policy Statement

It is the policy of the Ethics Board to obtain from each requestor sufficient information to permit identification of the ethical issue involved while at the same time protecting municipal officers, employees and consultants, as well as others from unwarranted invasions of their privacy during and following its deliberations.

Requests for advisory opinions should not identify, except by position or office, a particular person, whenever possible.

The request for an advisory opinion should 1) identify the position or title of the employee or officer, 2) provide a brief description of the potential ethical issue and 3) state a question for the Board to consider.

Example

The following example may be used to assist you express your inquiry.

"Under the provisions of Chapter 15, the Ethics Law of the town of New Paltz, may a planning board member who is also an engineer perform, with or without compensation, percolation tests or other design work for individuals in the community who are subdividing their property? Shall the planning board member abstain from voting on the subdivision application on which he/she worked as an engineer?

After receiving the inquiry, pursuant to the requirements of the local code of ethics, the Ethics Board will promptly render its advisory opinion. You will be notified of the Board's written opinion by letter.

Confidentiality

In order for your inquiry to be considered confidential under the New York State Freedom of Information Law, you must request that the information be treated as confidential.

If the Ethics Board deems the information in this inquiry sufficiently sensitive to be treates as confidential, you will be notified by the Ethics Board.

Do you wish this information to be treated as confidential?

☐ Yes ☐ No

Write your inquiry in the following space.

Please attach additional documentation if necessary.

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Submitted by:

_____   _____
Name   Date

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Street Address

_____
Town/State/Zip

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Phone Day/Evening