



Conflict of Interest Disclosure Form (Annual)

Name: _____

Position/Title: _____

Department/Board/Committee: _____

Date: _____

Business Interests

Do you or any immediate family member have ownership, employment, or a financial interest in any business that does or may do business with the City of Sidney?

Yes No

If yes, please describe:

Contracts with the City

Do you or any immediate family member have any existing or potential contracts, agreements, or financial arrangements with the City?

Yes No

If yes, please describe:

Other Potential Conflicts

Are there any other relationships, affiliations, or circumstances that could create a conflict of interest or the appearance of a conflict?

Yes No

If yes, please describe:

Acknowledgement of Ongoing Duty

I understand that I am required to disclose any actual or potential conflict of interest as it arises throughout the year and to refrain from participation in related decisions when applicable.

I acknowledge this requirement

The City of Sidney is an equal opportunity employer and provider.

Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Clerk/Treasurer Use Only

Date Received: _____

Reviewed By: _____

Filed Location: _____