

TRANSACTIONAL STATEMENT OF DISCLOSURE

NAME _____

ADDRESS _____

POSITION _____

MATTER TO BE DISCLOSED: _____

REASON FOR DISCLOSURE: _____

DO YOU PLAN TO RECUSE YOURSELF DUE TO THIS DISCLOSURE?

Yes

No

IF NO, PLEASE STATE THE REASON(S) _____

Date: _____

(Signature)

(Please print name)

(Copies of this form are available from the Town Clerk.)