

ATTACHMENT B

TOWN OF NEWSTEAD

CODE OF ETHICS

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)