

TRANSACTIONAL STATEMENT OF DISCLOSURE FOR THE TOWN OF CLARENCE
(Please complete legibly)

NAME _____

PLEASE INDICATE
SPECIFIC TOWN POSITION _____

SUBJECT OF DISCLOSURE (Please identify Agenda Item and Date) _____

REASON FOR DISCLOSURE _____

DO YOU PLAN TO RECUSE YOURSELF DUE TO THIS DISCLOSURE? Yes _____ No _____

IF NO, PLEASE STATE THE REASON(S) _____

SIGNATURE _____ DATE _____

*NOTE: This Form needs to be filed each time you recuse yourself from an item on an Agenda.

File this form with the Town Clerk
(Copies of this Form are available in the Town Clerk's office)