



Legislation Details (With Text)

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11/8/2018	1	Housing and Human Services Advisory Board		

**CITY OF ANN ARBOR
HOUSING & HUMAN SERVICES ADVISORY BOARD
2019 ANNUAL DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST**

Name: _____

Phone Number: _____

E-mail Address: _____

I understand that I am providing information regarding myself and members of my immediate family, and any organizations with which I am (or any one of them is) affiliated. If the disclosure relates to a person other than you, please indicate that person's name and their relationship to you.

Organization/Agency

Affiliation, or Capacity In Which I Serve

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I agree to provide written updates to this Disclosure at any time when such affiliations change throughout the year. I further agree to update this information annually for the duration of my term.

In order to avoid any potential conflict of interest, I, the undersigned, agree not to participate in any discussion, or make any recommendations or decisions regarding any organization(s) or entity(ies) disclosed on this form.

Signature_____

Date_____