

INQUIRY FORM

To the best of my knowledge, information, and belief formed after reasonable reflection, I believe that the information given in this inquiry is true. I request the Boise City Ethics Commission evaluate the information given here in accordance with the procedures outlined in the Boise Municipal Code, Chapter 2-12.

PLEASE NOTE: A copy of the inquiry will be sent to the person who is the subject of the inquiry and may be made available to the public.

NAME:	PHONE NUMBER:
STREET ADDRESS:	
CITY, STATE, ZIP:	
MY INQUIRY IS ABOUT THE FOLLOWING CITY OF	BOISE OFFICER, OFFICIAL, EMPLOYEE, OR VOLUNTEER:
NAME:	POSITION OR JOB TITLE (IF KNOWN):
DEPARTMENT/AGENCY:	WORK TELEPHONE (IF KNOWN):

PLEASE NOTE: If you wish to file an inquiry about more than one person, you must file a separate inquiry form (and any attachments) for each person.

Please describe the facts that you believe constitute a violation of the Boise City Code of Ethics in sufficient detail so that the Boise City Ethics Commission and the person who is the subject of the inquiry can understand the nature of the alleged violation. Give as much detail as possible, including names, relationships, approximate dates, etc. Add extra sheets if needed and attach copies of any pertinent documents.