SCHENECTADY COUNTY BOARD OF ETHICS

ethics@schenectadycounty.com

620 State Street – County Office Building – 6th floor (County Auditor's Office) - Schenectady, NY 12305-2114 (518) 388-4639

APPEAL REQUEST

I hereby request an exemption from filing my annual Financial Disclosure Statement (FDS) form and I am submitting the following information. No previous request for an exemption has been made to the Board of Ethics by me or on my behalf. I understand that I must file an appeal within **10 days** of the receipt of the original notice to file.

Name	
Home Address	
Group & Title	
Work Address	
Daytime Phone	
Email Address	

1. My request for an exemption from filing a FDS is based upon:

Please check all that apply:

- I have not been determined by my appointing authority to hold a policy making position, but an otherwise required to file a FDS.
- **#** My duties do not involve the negotiation, authorization, or approval of:
 - Contracts, leases, franchises, revocable consents, concessions, variances, special permits or licenses, as defined in Section 73 of the Public Officers Law;
 - The purchase, sale, rental or lease of real property, goods or services, or a contract;
 - o The obtaining of grant money or loans;
 - The adoption or repeal of any rule or regulation having the force and effect of law;

j	The public interest does not require disclosure in my case. The specific reasons and ustification for my claim that the public interest does not require disclosure as follows:
Please list:	
	Documents: Please check all that apply: A copy of the job description for the title or job classification for which I seek an exemption is attached.
I have annexed the following supporting documents and they are to be made a part of the request. Please list:	
	Notice to Your Employer, Board, Authority, etc.: ve sent a copy of this request to my appointing authority on the day of, 20
dea	nderstand that the submission of this request does not extend the dline for me to file my FDS. I further understand that I may, under npelling circumstances, apply to the Board of Ethics for an extension.
Sign	ed: Date:

The Board of Ethics will acknowledge the receipt of this request.