

Last Name

1. Complainant's Information

Office of the City Clerk P.O. Box 1293 Albuquerque, NM 87103 Phone (505) 924-3650 Fax (505) 924-3660 www.cabq.gov/clerk

REQUEST ADVISORY OPINION FORM

City of Albuquerque Board of Ethics & Campaign Practices

All request forms must be submitted by email to cityclerk@cabq.gov The Office of the City Clerk does not accept paper submissions.

First Name

Mailing Address	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		
Daytime Flione Number (include area code)	Eman Address		
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2. Please briefly explain the nature of the real of	r potential conflict with which	ch you are req	uesting an
advisory opinion			

3. Please provide all material facts regarding the real or potential conflict.	

Additional space for details from #3. Attach documentation of the material facts listed in #2 to this form and mark each separate document with a separate exhibit number.			