



TOWN OF MIDDLETOWN
REQUEST FOR ADVISORY OPINION FORM

Requestor's Name: _____

Requestor's Title/Position: _____

Requestor's Address: _____

Requestor's Telephone Number: _____

Requestor's E-Mail Address: _____

Description of the facts and circumstances in question (attach an additional sheet if necessary):

ETHICS COMMISSION

31 West Main Street • Middletown Maryland 21769 • 301-371-6171 • Fax: 301-371-6474

