

**LEGISLATIVE ETHICS COMMISSION**

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**REQUEST FOR PUBLIC ACCESS TO RECORDS**

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Name \_\_\_\_\_

Organization \_\_\_\_\_

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Please identify each member, candidate or employee disclosure, as well as the filing year(s), requested. Also indicate whether you wish to review the document or receive a copy. Please note: Copies must be prepaid @ \$.25/page plus postage if applicable. Payment is by check or money order only (no cash) made payable to: Commissioner of Taxation and Finance.

Name	Year(s)	Review	Copy
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Amount Due \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Note: The Commission has 5 business days to respond to this request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Request Filled \_\_\_\_\_ Date \_\_\_\_\_ Request Approved \_\_\_\_\_ Date \_\_\_\_\_