

**POARCH BAND OF CREEK INDIANS
REQUEST FOR ADVISORY ETHICS OPINION**

Name of Individual/Entity: _____

Job Title/Public Position Title: _____

Department/Enterprise: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Work) _____ (Home) _____
(Other) _____ (Fax) _____

E-mail: _____

Do you wish for your identity to remain confidential to the extent possible?

Yes No

Do you wish to have your final redacted advisory opinion published in the monthly *PCI Newsletter*?

Yes No

THE ETHICS OFFICE WILL ENDEAVOR TO MAINTAIN CONFIDENTIALITY OF THIS MATTER TO THE EXTENT POSSIBLE. HOWEVER, THE ETHICS OFFICE CANNOT BE RESPONSIBLE FOR ANY BREACH IN CONFIDENTIALITY THAT OCCURS PRIOR TO THE RECEIPT OF THIS REQUEST FOR AN ADVISORY OPINION IN OUR OFFICE.

ONCE THE ADVISORY OPINION IS ISSUED, IT WILL BE PROVIDED TO YOU AT THE MAILING ADDRESS, FAX NUMBER, OR E-MAIL ADDRESS, UNLESS YOU REQUEST OTHERWISE.

EVEN THOUGH YOU MAY REQUEST YOUR ADVISORY OPINION NOT BE PUBLISHED IN THE *PCI NEWSLETTER*, TRIBAL MEMBERS MAY REQUEST A REDACTED COPY AT ANYTIME FROM THE ETHICS OFFICE.

IF YOU NEED ADDITIONAL SPACE, USE THE REVERSE OR ATTACH AN ADDITIONAL PAGE.

Signature: _____

Date: _____

PLEASE RETURN TO: Poarch Band of Creek Indians
ATTN: Ethics Officer
5811 Jack Springs Road
Atmore, AL 36502
Phone: (251) 368-9136 x 2653
Fax: (251) 368-8086

FOR ETHICS OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Opinion Issued: _____