



TOWN OF PATTERSON

1142 Route 311
P.O. Box 470
Patterson, New York
12563

TEL: 845.878.6500
FAX: 845.878.6343
www.pattersonny.org

TOWN OF PATTERSON ETHICS INQUIRY FORM

(Please Print)

Applicant's Name: _____ Date of Filing: _____

Applicant's Address: _____

Applicant's E-Mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Section(s) of Ethics Code to be Considered: _____

Question(s) to be Considered or Alleged Violation(s):
(See Section 17.3 and 17.4 of the Town of Patterson Code of Ethics)

(Additional pages may be attached if required.)

Please **List and attach all information and any documentation** that will support your allegation(s) or will help to answer your question(s).

Please forward the **completed form and any documentation** in a **sealed envelope** marked **"Confidential"** to:

**Board of Ethics
Town of Patterson
1142 Route 311
P.O. Box 470
Patterson, NY 12563**