



County of El Paso
Ethics Commission

Request for Advisory Opinion

Printed Name:

Address, City, State, Zip Code:

Phone Number:

Email Address (if applicable):

Are you an individual covered by the Code of Ethics? If so, please select the appropriate

box: County Employee Elected Official Board/Commission Member
 Election Candidate Review Officer Other: _____

What is your specific question regarding the application of the Code of Ethics?

Is your question of an urgent nature? Yes No

(Do you need an answer in less than 4 weeks?)

If you answered “Yes” to the previous question, please explain why here:

Signature: _____ **Date:** _____

If you would like to attach additional documentation regarding your request, you may attach them to this form.

Please note if the Commission decides to respond to your request for opinion, your question and the Commission’s answer will become public record. Your name and contact information, however, will be redacted.

For further information, please contact the Ethics Commission at:

500 E. Overland, El Paso, TX 79901

Phone: (915) 546-2218; Fax: (915) 546-8126

Email: ethics@epcounty.com