

Printed Name

Department of Planning & Development Services
One Griffin Center | 100 S. Hill Street-P.O. Box T | Griffin, GA 30224
P 770.233.4130 W cityofgriffin.com

## **Conflict of Interest Disclosure**

Have you, within the two (2) years immediately preceding the filing of this application made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners, a member of the Planning & Zoning Board, or any other government official who will consider this application?

	☐ Yes		No	
If <b>yes</b> , please complete t	he following section:			
Name and Official Posit	tion of the Government	Official:		
Please list the Date and	Amount of the Contrib	ution(s) (List all which	h aggregate \$250.00 or	more)
Signature of Applicant			Date	
Printed Name				
Signature of Applicant's Att	torney or Representative		Date	