# STATE ETHICS COMMISSION INSPECTION REQUEST

FOR OFFICIAL USE ONLY:

STATEMENT OF FINANCIAL INTERESTS (SFI) TO BE INSPECTED:

FILER'S NAME _____

YEAR(S) REQUESTED: _____

REQUESTER'S NAME: _____
(PLEASE PRINT)

AFFILIATION (PERSONS OR ORGANIZATION ON WHOSE BEHALF YOU ARE OBTAINING THIS REPORT) IF ANY:

_____

A COPY OF THIS WILL BE SENT TO THE PERSON WHOSE SFI HAS BEEN INSPECTED.

TYPE OF IDENTIFICATION:

_____

ID EXPIRATION DATE:

_____

DATE PROCESSED:

_____

BY: _____
(INITIALS)

ADDRESS COPY MAILED TO:

_____

_____