

**CONFLICTS OF INTEREST BOARD
FINANCIAL DISCLOSURE APPEAL FORM**

NOTICE OF APPEAL TO THE CONFLICTS OF INTEREST BOARD

If your agency denied your appeal from the determination that you are required to file a Financial Disclosure Report with the Conflicts of Interest Board, you may file an appeal to the Conflicts of Interest Board.

HOW TO APPEAL:

1. Within 30 days of receiving written notice that your agency has denied your appeal, you must complete this form and submit it the New York City Conflicts of Interest Board, 2 Lafayette Street, Suite 1010, New York, NY 10007, and to your agency with:
 - a) A copy of the written statement and supporting materials you previously provided to your agency;
 - b) A copy of the agency's decision on your appeal, and
 - c) Any supplemental materials you choose to provide in support of your appeal to the Board.

Failure to either file a financial disclosure report or appeal further to the Board within 30 days of receiving a denial decision from your agency will subject you to late filing fines.

2. Upon receipt of the appeal to the Board, your agency may file a response. Within 30 days after this filing by your agency, you may file with the Board any additional materials you deem necessary to rebut evidence produced by the agency or to further support your position.
3. Board staff will review the submissions and will issue a recommendation to the Board. You may comment on this recommendation (before a final order is issued) within 30 days of service of the recommendation.
4. If the Board requests additional information from either party, the information must be provided within 14 days after receipt of such request.

Failure to provide any requested information may result in a summary finding against that party.

5. Your obligation to file a Financial Disclosure Report will be suspended during the appeal process.

I HEREBY REQUEST A REVIEW OF THE DETERMINATION THAT I AM REQUIRED TO FILE A FINANCIAL DISCLOSURE REPORT WITH THE CONFLICTS OF INTEREST BOARD FOR CALENDAR YEAR 2010.

PRINT FULL NAME: (Last) (First) (M.I.)		
AGENCY:		AGENCY CODE:
EMPLOYEE IDENTIFICATION NUMBER (EIN) OR UNIQUE FINANCIAL DISCLOSURE IDENTIFIER :		
CIVIL SERVICE TITLE:		OFFICE TITLE:
BRIEF STATEMENT OF REASON FOR APPEAL :		
SIGNATURE:		DATE:
OFFICE TELEPHONE NUMBER:		EMAIL ADDRESS: