

Town of Salem
Ethics Committee

Request for Advisory Opinion

Date

Your name:

Your position (*official, board member or interested party*)

Address

Phone number

E-mail address

State your question here. Do not include names of specific individuals or officials other than yourself.

Submit this form to:

Town of Salem Ethics Committee
33 Geremonty Drive
Salem, NH 03079

Or email to:

Ethics_Committee@salemnh.gov