



Orange County Board of Ethics

40 Matthews Street, Suite 101

Goshen, New York 10924

Tel. 845-291-2462

ORANGE COUNTY BOARD OF ETHICS WAIVER FORM

SUBMIT COMPLETED REQUEST TO:

Orange County Board of Ethics

40 Matthews Street, Suite 101

Goshen, New York 10924

E-mail: board_of_ethics@orangecountygov.com

FOR COMPLETION BY APPLICANT:

NAME: _____

DEPARTMENT NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

I am requesting a waiver in accordance with 10.C of the Orange County Ethics and Disclosure Law.

NOTICE TO APPLICANT: Section 10.C. of the Orange County Ethics and Disclosure Law requires an applicant to demonstrate their entitlement to a waiver by clear and convincing evidence.

Provide a *detailed* narrative outlining the grounds upon which the Applicant seeks a waiver from the future employment provisions of the Orange County Ethics and Disclosure Law:

APPLICANT'S SIGNATURE: _____ **DATE:** _____