

**New York State Joint Commission on Public Ethics  
540 Broadway  
Albany, New York 12207  
(518) 408-3976**

**REQUEST FOR PUBLIC INSPECTION OF  
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
Pursuant to §94(19) of the Executive Law**

<b>APPLICANT INFORMATION</b>	
Name:	
Address:	
City:	
State:	
Zip:	
Telephone:	
Affiliation/Representation of person or entity for whom applicant is acting, if applicable.	

<b>FILER INFORMATION</b>									
Full Name:									
Agency Affiliation or Office Held									
Title:(if known):									
For Calendar Year(s):	2010 <input type="checkbox"/>	2009 <input type="checkbox"/>	2008 <input type="checkbox"/>	2007 <input type="checkbox"/>	2006 <input type="checkbox"/>	2005 <input type="checkbox"/>	2004 <input type="checkbox"/>	ALL <input type="checkbox"/>	
Signature:								Date:	

<b>RECORDS ACCESS OFFICE USE ONLY</b>	
DATE Request Received:	_____
Scheduled Date and Time of Inspection:	_____