

CCAO USE ONLY:

APPEAL NUMBER: _____

PIN: _____

NAME OF DISQUALIFIED EMPLOYEE: _____ POSITION: _____

RECEIVED & REVIEWED BY MANAGER(S) [Initials & Dates]: _____

Form: 6-7-2011

Employee Ethics Disclosure Form (EEDF)

Instructions: Fill in all blanks and check-mark all applicable areas

Employee Name (Print):

Employee ID Number (Employee Number on Swipe Card):

Applicant Name (Print):

Address(s) of Subject Matter Property (Print):

PIN(s):

Appeal, List Appeal Number(s)

Certificate of Error

Homeowner Type Exemption ("HTE") (check all that apply)

Disabled veterans

Returning Veterans' Homestead Exemption

Disabled persons' homestead exemption

Disabled veterans standard homestead exemption

Senior Citizens Homestead Exemption

Senior Citizens Assessment Freeze Homestead Exemption

General homestead exemption

Long time occupant homestead exemption

Other (attach explanation)

Form: 6-7-2011

For Self

For Family Member (Spouse, Children, Sibling(s) and Parent(s) – includes by marriage/adoption)

