

**REQUEST FOR PUBLIC INSPECTION OF
ANNUAL STATEMENT OF FINANCIAL
DISCLOSURE**

**NEW YORK STATE ETHICS
COMMISSION FOR THE UNIFIED
COURT SYSTEM**

25 Beaver Street, Room 875
New York, NY 10004
Tel: (212) 428-2899
Fax: (212) 428-2896

APPLICANT INFORMATION:

(Please Print)

NAME: _____ TELEPHONE: _____

ADDRESS: _____

APPLICANT REQUEST:

Copies to be mailed Appt. to pick up copies Appt. to inspect copies

You may inspect a public inspection copy of a financial disclosure statement in our office without charge. You may purchase a copy at our office for a fee of \$.25 per statement page, or through the mail for a fee of \$.25 per statement page, plus an additional \$1.00 mailing fee per statement. Statements filed for the current reporting year, and for the previous six years, are available for public inspection. Do not send any money with this application; upon receipt we will call and advise you of the required public inspection fee.

I REQUEST PUBLIC INSPECTION COPIES OF THE STATEMENT(S) OF:

Name/Title	Year(s) Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Write additional names on the back of this page)

I would also like any Notices of Delinquency issued for those years Yes No

SIGNATURE: _____ DATE OF REQUEST: _____

**THE INFORMATION ON THIS FORM IS FOR INTERNAL COMMISSION USE
AND IS NOT AVAILABLE TO THE PUBLIC**

FOR OFFICE USE ONLY

EMPLOYEE ID#: _____ FILEMAKER: _____

Date: _____ Payment Received: \$ _____ Date of mailing: _____

Date of office inspection: _____ Date of Pickup: _____