

**The Sinclairville Free Library**  
**CONFLICT OF INTEREST DISCLOSURE FORM**

NAME: (Print or type)

I have read the library's Conflict of Interest Policy and have answered the questions set forth below to inform the library of potential conflicts of interest created by my own or my family's business activities and financial interests.

1. Do you currently hold any position as an owner, employee, officer, director, trustee, partner, or joint venture with any other corporation, firm, association or entity?

YES \_\_\_\_\_

NO \_\_\_\_\_

If "Yes", please explain:

2. Do you or any members of your family have a personal relationship or interest, as defined in the library's Conflict of Interest Policy, such as:

a. Ownership of capital stock, partnerships, or other proprietary rights;

b. Ownership of notes, bonds, or other claims as a creditor;

c. A direct or indirect beneficial interest through a trust, power of attorney, or other relationship, including employment;

OF

exceeding An entity or enterprise which sells goods or services to the library in amounts  
\$5,000;

connection with An entity or enterprise in which assets of the library are deposited or invested;  
An entity or enterprise which has sought or is seeking any other business  
the library;

YES \_\_\_\_\_

NO \_\_\_\_\_

If "Yes", please explain:

3. Do you hold any public office, elected or appointed?

YES \_\_\_\_\_

NO \_\_\_\_\_

If "Yes", please explain:

4. Do you know of any other situations that should be disclosed in light of the principles contained in the library's Conflict of Interest Policy?

YES \_\_\_\_\_

NO \_\_\_\_\_

If "Yes", please explain:

Signature: \_\_\_\_\_ Position:

Address:

Telephone Number: \_\_\_\_\_ Date: