

**CONFIDENTIALITY REQUEST FORM**

Please check your response for request for confidentiality below:

**I wish my name and address to remain confidential at this time:**

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**I do not wish my name and address to remain confidential at this time:**

☐

Name (Printed):

Signature:

Date:



RETURN TO (using enclosed envelope):

NORTH DAKOTA ETHICS COMMISSION  
600 E Boulevard Avenue, Dept 195  
Bismarck, ND 58505

OR, SCAN AND EMAIL TO: [ethicscommission@nd.gov](mailto:ethicscommission@nd.gov)

600 E Boulevard Ave, Dept 195  
Bismarck, ND 58505

(701) 328-5325  
email: [ethicscommission@nd.gov](mailto:ethicscommission@nd.gov)

<https://www.ethicscommission.nd.gov/>