

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:

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Name (Printed): Joel C. Heitkamp

Signature: Joel C. Heitkamp

Date: Dec 12 - 22

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