

CONFIDENTIALITY REQUEST FORM

Please check your response for request for confidentiality below:

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



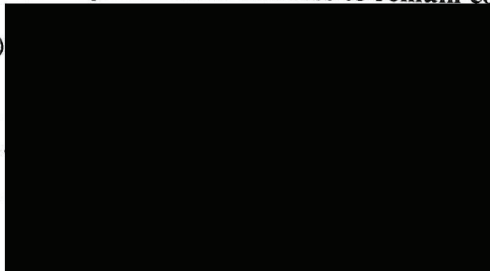
I do not wish my name and address to remain confidential at this time:



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

600 E Boulevard Ave, Dept 195
Bismarck, ND 58505

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

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