

**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): Michael D Reitan

Signature: [Handwritten Signature]

Date: 14 Dec 2022

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)