

FORM D
APPLICATION TO THE
ALBANY COUNTY ETHICS COMMISSION
REQUESTING AN EXTENSION OF TIME FOR FILING
A COUNTY OF ALBANY
ANNUAL FINANCIAL DISCLOSURE STATEMENT

NAME:

DATE:

<u>HOME</u>	Street	Apartment No.	P.O. Box #
<u>ADDRESS</u>	_____		
	Town	State	Zip Code

<u>CHECK</u>	_____	Currently employed by the County of Albany as Public Official or High Ranking County Officer or Employee	
<u>APPLICABLE</u>	_____	Candidate for a County of Albany Office	
	_____	Currently hold an appointed, voluntary position with the County of Albany	
<p>LIST <u>ALL</u> THE POSITIONS YOU HOLD AS A COUNTY OF ALBANY PUBLIC OFFICIAL, HIGH RANKING OFFICER OR EMPLOYEE, CANDIDATE OR MEMBER OF A COUNTY OF ALBANY BOARD, COMMISSION, COMMITTEE OR AGENCY:</p> <p>_____</p>			
<p>FOR EACH POSITION YOU HOLD, LIST THE NAME OF YOUR IMMEDIATE SUPERVISOR AND THEIR JOB TITLE:</p> <p>_____</p>			
<p>IF YOU ARE A CANDIDATE FOR A COUNTY OF ALBANY ELECTIVE OFFICE, PLEASE LIST THE COUNTY OFFICE YOU ARE SEEKING:</p> <p>_____</p>			
<p>LIST THE TELEPHONE NUMBER(S) YOU MAY BE CONTACTED AT WITH RESPECT TO THIS DOCUMENT BETWEEN 9:00 A.M. AND 4:00 P.M. FROM MONDAY THROUGH FRIDAY:</p> <p>_____</p>			

 Applicant's Signature

ANNUAL DISCLOSURE STATEMENT FOR 20____
COUNTY OF ALBANY (FORM D continued)

Applicant's Name

1. Set forth the date you are required to file a County of Albany Annual Financial Disclosure Statement _____

2. Set forth below the Form and specific Item Numbers contained in the County of Albany financial disclosure statement you require additional time to address:

3. Briefly state the reason(s) why you believe you are entitled to an extension of time for filing your financial disclosure form:

Applicant's Signature

State of New York
County of Albany ss.:
Sworn to me this _____
day of _____, 20____

Notary Public