



CONFLICT OF INTEREST CODE AMENDMENT FORM

Name of Agency: _____

Mailing Address: _____

City: _____ **CA ZIP:** _____

Contact Person: _____

Phone Number: _____

Email Address: _____

This agency has reviewed its Conflict of Interest Code and has determined that an Amendment is required for the following reason(s): (check all that apply)

- ☐ Adding new positions that must be designated
- ☐ Revising Disclosure Categories
- ☐ Revising Titles of existing positions
- ☐ Deleting Positions that no longer need to be designated
- ☐ Revising Filing Officer designee
- ☐ Other (describe): _____

Please submit this form along with the Amended Conflict of Interest Code documents to:

Clerk of the Board's Office
800 S. Victoria Ave. #1920
Ventura, CA 93009

Please contact the Clerk of the Board's Office at (805) 654-2251 or email form700clerk@ventura.org if you have any questions.