



TOWN OF DAVIE
CONFLICT OF INTEREST DECLARATION FORM
SOP #20-005

Employee Name Position Title Department/Division

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Please acknowledge and certify one of the options listed below:

I have no known conflicts of interest with the Town of Davie (hereinafter referred to as "Town") as defined by the Town of Davie SOP #20-005 and State of Florida Statutes.

OR;

I have an actual or perceived potential conflict of interest, please choose from the following:

- Engaging in private business or financial relationship, involving oneself or a relative that may secure advantages for goods, services, or influence due to the employee's position with the Town of Davie.
Performing any services, purchases, or leases for another person or entity that is doing or seeking to do business with the Town of Davie.
Owning or having a relative that owns a financial interest in an entity that is doing or seeking to do business with the Town of Davie.
Accepting a gift from the public as appreciation for their work or service for the Town of Davie.
Soliciting or accepting anything of value, including a gift, loan, reward, promise of future employment, favor or service, with knowledge that it was given to influence a vote, action, decision and/or recommendation.
Using my position with the Town or information obtained in connection with my employment for private gain or personal benefit.
Serve on a board that makes decisions impacting the Town of Davie or its residents.
Have a relationship with a vendor/supplier of the Town or with other public agencies.

If yes, please describe the potential or actual conflict and current position.

Empty rectangular box for describing potential or actual conflict and current position.

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IF AN EMPLOYEE'S POSITION/SITUATION CHANGES, THE EMPLOYEE IS REQUIRED TO DISCLOSE IN WRITING A FULL DESCRIPTION OF ANY ACTIVITY, INTEREST, OR RELATIONSHIP ON THEIR PART THAT MAY CREATE OR APPEAR TO CREATE A CONFLICT OF INTEREST UNDER THE PROVISIONS OF THE POLICY AS SOON AS THEY HAVE KNOWLEDGE OF THE POTENTIAL CONFLICT (EXAMPLES OF POTENTIAL CONFLICTS OF INTEREST ARE STATED ABOVE).

Employee Signature Date

Department Director or Designee Signature Date

HR Director Signature Date

Reviewed and submitted to Human Resources

Reviewed and submitted to Town Attorney

**ADMINISTRATION USE ONLY**

This disclosure has been reviewed by the Town Attorney and there is \_\_\_\_ or is not \_\_\_\_ a conflict of interest.

\_\_\_\_\_  
Town Attorney

\_\_\_\_\_  
Date

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cc: Personnel File  
Department  
Procurement Department  
Town Administrator