



Knox County  
Conflict of Interest Disclosure Form

Complete the following form to disclose any direct conflict and/or potential conflict with Knox County (including elected officials) and your organization including Board Members and/or employees. **Complete only in the event of a direct and/or indirect conflict of interest.**

1. Is any member of your immediate family (including husband/wife, children, parents, grandparents, sister, brother, father/mother/sister/brother-in-law, aunt, uncle, niece or nephew) employed by Knox County or an Elected Official?  **Yes**  **No**

If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you or any immediate family member (as listed above) benefit financially from any business and/or professional relationship with Knox County or any local Elected Official?  **Yes**  **No**

If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are there any affiliations (other than those identified above) for which you believe you might have a conflict of interest or the public may construe to be a conflict of interest with Knox County?  **Yes**  **No**

If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that, to the best of my knowledge, the information disclosed is accurate and complete.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_