

## Conflict of Interest Form

Reference: CODE County of DEKALB, GEORGIA Codified through Ordinance No. 2023-0694, enacted July 11, 2023. (Supp. No. 67)  
Sec. 22A. - Code of ethics.

Provide the following information (\*Required):

\*Name: \_\_\_\_\_

\*Position: \_\_\_\_\_

\*Organization: \_\_\_\_\_

### Potential Conflict Disclosure

Does any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes  No  Unsure

If Yes or Unsure, please provide the following information (\*Required):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Business/Subcontractor: \_\_\_\_\_

Interest Owned: \_\_\_\_\_

Does any member of the immediate family of any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes  No  Unsure

If Yes or Unsure, please provide the following information (\*Required):

Name of Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of DeKalb County Personnel or Employee: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

DeKalb County also reserves the right not to do business with anyone related by blood or marriage to anyone in the categories of persons listed above when the relationship has the appearance of a “conflict-of-interest”. Is the business aware of any relationships, not identified above, that may create the appearance of a “conflict-of-interest”?

Yes  No  Unsure

If Yes or Unsure, please describe (use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

Are you a DeKalb County Former Employee or are any officers within your organization a former employee? (To participate in doing business with DeKalb County, you must be a former employee equal to or greater than two years)

Yes  No

If Yes, please provide name of employee: \_\_\_\_\_

Last Date of employment with DeKalb County Government: \_\_\_\_\_

Representative Name:

Representative Title:

Signature:

Date:

\_\_\_\_\_