

**REQUEST TO VIEW FINANCIAL  
DISCLOSURE STATEMENT**

**Date:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Identification of Financial Disclosure Statement:** \_\_\_\_\_

**View Only** \_\_\_\_\_ **Copy Provided** \_\_\_\_\_ **Fees Collected \$** \_\_\_\_\_

**Provided By (County Employee):** \_\_\_\_\_

**Somerset County Ethics Commission  
11916 Somerset Avenue, Rm. 111  
Princess Anne, MD 21853**