## King County Consultant Disclosure



Department of Executive Services **Board of Ethics** 

CNK-ES-0131 401 Fifth Avenue, Suite 131 Seattle, WA 98104-1818

**206-296-1586** Fax 206-205-0725 TTY Relay: 711

board.ethics@kingcounty.gov

## Please Read Carefully

No payment will be made to the Consultant until this form has been filed with the Contract and with the King County Board of Ethics

For Board	of Ethics use only
Date Received	
Audit Date	
Date Closed	

Pursuant to King County Code (K.C.C.) 3.04.120, each consultant entering into a contract to provide professional or technical services to the county costing in excess of the amount specified in K.C.C. 4.16.095 shall complete and file this disclosure form with the King County Board of Ethics and the County Executive. Use additional pages, if necessary. Submit two completed forms: file one with the Board of Ethics, Mail Stop CNK-ES-0131, 401 Fifth Avenue, Suite 131, Seattle, WA 98104, and the other with the contract with the Finance and Business Operations Division, Procurement and Contract Services Section, Mail Stop CNK-ES-0340, 401 Fifth Avenue, Suite 340, Seattle, WA 98104.

Unless otherwise required on this form, the information disclosed shall cover the period of 24 months before and including the date of filing of this sworn statement. If the information reported on this form should change, the consultant is required to submit an amended form.

For purposes of this disclosure form, "consultant" means a person (e.g., individual, partnership, association, corporation, firm, institution or other entity as defined in K.C.C. 3.04.017) who by experience, training and education has established a reputation or ability to provide professional or technical services, as defined in K.C.C. 4.16.010, on a discrete, nonrecurring basis over a limited and pre-established term as an independent contractor to the County.

## Please type or print all information, except required signature. All incomplete forms will be returned.

	Today's Date:	
Contract Number:	Amount of Contract:	
Consultant's Name:		
Address:	Phone:	
City	State	ZIP Code
Effective Date of Contract:	Expiration Date of Contra	ct:
Type of Services Contracted:		
Contracting County Dept.:	Division:	
County Contact Person:		
Contact Work Phone:	Mail Stop:	

1.	this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary.
	If none, check this box: $\square$
	Name of Former Employee:
	Former County Department:
	Date Terminated / Ended:
2.	List the name of any former county employee who has a financial or beneficial interest in this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary.  If none, check this box:
	Name of Former Employee:
	Former County Department:
	Date Terminated / Ended:
3.	List any office or directorship in the consultant held by any county employee or member of his or her immediate family. Attach a separate sheet if necessary.  If none, check this box:
	Office / Directorship:
	Name:
	Relationship to Employee:
4.	Indicate any financial interest in the consultant held or received by any county employee or any member of his or her immediate family. Attach a separate sheet if necessary.  If none, check this box:
	Name:
	Relationship to Employee:
	Percentage of stock or other form of interest in the consultant, if more than 5% (indicate percentage of stock or other interest, amount / value and describe):
	Receipt of compensation, gift or thing of value from the consultant (indicate amount / value and describe):

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Alternate Formats Available 206-296-1586 TTY Relay: 711

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