

Town of Thomaston, CT

Policy Title: *Conflict of Interest*

Policy Number:

Effective:

The purpose of a conflict of interest policy is to remove or limit the possibility of personal influence that might bear upon a public employee's decision in his or her capacity as a public employee. Employees are persons who are employed by the Town of Thomaston on a full-time, part-time, or contract basis. This policy is also applicable to members of all boards and commissions of the Town. Relatives are defined as spouse, children, grandchildren, parents, grandparents, brothers, sisters (including half-brothers and half-sisters), brothers-in-law and sisters-in-law, parents-in-law and children-in-law of the employee.

Any employee or member of a board or commission of the Town of Thomaston, or relation of an employee or member, who has a substantial interest in any contract, sale, purchase or service (this includes consulting) shall make known that interest to the Town of Thomaston through the Finance Director. Declarations of conflict of interest are public documents to be kept on file in the Town of Thomaston Town Clerk's Office. The Town of Thomaston cannot make an award, regardless of dollar amount, for any equipment, material, supplies or service without following Town purchasing procedures nor can the Town make an award or gratuity to an employee or member of a board or commission.

If you have any questions concerning a possible conflict, please contact the Finance Director for clarification.

Copies of the conflict of interest statement may be obtained from the Town Clerk.

The Town of Thomaston may void any contract made in violation of this policy.

CONFLICT OF INTEREST FORM

THE TOWN OF THOMASTON

Disclosure of Substantial Interest

PLEASE DO NOT WRITE HERE:

Record No.: _____

Date Recorded: _____

By: _____

NAME: _____

DATE: _____

DEPT: _____

PHONE #: _____

Please provide a full description of your substantial interest:

If the Substantial Interest (potential Conflict of Interest) is with a firm, name that firm:

Name of Firm: _____

Address: _____

Telephone: _____ **Fax:** _____

Name of employee or member:

Signature: _____

**Return this completed form to: Town Clerk's Office, Town of Thomaston 158 Main Street
Thomaston, CT 06787**