

REQUEST FOR STATE BOARD WAIVER

THIS IS A PUBLIC DOCUMENT

Date: _____

Name of Board Member or Former Board Member: _____

Name of Board, Authority or Commission: _____

Brief explanation of your potential conflict of interest:

Brief explanation of the current or anticipated business transaction with a State agency or with a political subdivision of the State and your role in the transaction:

Brief explanation of the essential terms of the contract or transaction.

Brief explanation of why you believe a waiver should be granted:

STATE OF SOUTH DAKOTA

(insert name of board/commission/authority)

STATE CONFLICT LAWS
WAIVER AUTHORIZATION
PURSUANT TO SDCL 3-23-4 (former member)

A written request for waiver of conflict, dated _____, was received from
_____. The request was acted upon by the members of
_____ (insert name of board/commission/authority) during a meeting held on
_____.

(check one)

_____ The request for waiver was denied for the following reasons:

_____ The request for waiver was authorized for the following reasons:

_____ The request for waiver was authorized subject to the following conditions:

Signature of Chairperson or Authorized Member

Date

Printed Name: _____

Date mailed to Auditor-General: _____