

Florida Commission on Ethics

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efiling@leg.state.fl.us

EMAIL CHANGE REQUEST

I, _____,
(printed full name)

hold/held the following public position(s) requiring the filing of financial disclosure:

(public positions)

and I request that my email address in the Electronic Financial Disclosure Management System

be changed to: _____.
(print email address clearly)

(Signature – signed in the presence of a Notary Public)

THIS SECTION TO BE FILLED OUT BY THE NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this

_____ day of _____,

20 _____, by _____.
(name of person making statement)

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification ____
Type of Identification Produced: _____

Instructions: To submit this completed document to the Commission on Ethics, you may mail it or email it to the addresses at the top of the document.