SFEC SEI Department Contact Change Form

Complete this form to notify the Ethics Commission of changes to your department’s Form 700 filing officer, department liaison, or department head. Forms submitted without department head authorization will not be accepted. (Please note: if adding a new contact, you may remove the person who previously served in the role in the same form submission; otherwise, submit a separate form for each contact).

**1. GENERAL INFORMATION**

**SELECT CHANGE TYPE**

<table>
<thead>
<tr>
<th>CONTACT TYPE (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Filing Officer (for Designated Employees)</td>
</tr>
<tr>
<td>☐ Filing Liaison (for City Officials who file Form 700s)</td>
</tr>
<tr>
<td>☐ Department Head</td>
</tr>
</tbody>
</table>

**IF ADDING A NEW CONTACT, FIRST AND LAST NAME OF PERSON REPLACED, IF APPLICABLE** (Note: this person will be removed from Ethics’ contact directory)

**2. DEPARTMENT AND CONTACT INFORMATION**

**CITY DEPARTMENT, BOARD, OR COMMISSION**

**DIVISION, UNIT, SECTION, OR FILER SEGMENT CONTACT IS RESPONSIBLE FOR (REQUIRED, IF APPLICABLE)**

<table>
<thead>
<tr>
<th>FIRST AND LAST NAME OF CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB CLASS AND TITLE OF CONTACT</td>
</tr>
</tbody>
</table>

| BUSINESS EMAIL ADDRESS OF CONTACT |
| BUSINESS TELEPHONE NUMBER OF CONTACT |

**DEPARTMENT MAILING ADDRESS**

**3. DEPARTMENT HEAD AUTHORIZATION**

By signing below, I hereby approve the information contained herein.

| DEPARTMENT HEAD SIGNING ON BEHALF OF THE AGENCY |
| DATE SIGNED |

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Sample Copy

Do Not File