

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS  
OUTSIDE/CONCURRENT EMPLOYMENT  
DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS**

Name of Elected Official: \_\_\_\_\_

Title: \_\_\_\_\_

Governmental Entity Served: \_\_\_\_\_

<b>Name of Outside or Concurrent Employer</b>	<b>Remuneration Received in Prior Year</b>

Signature of Elected Official: \_\_\_\_\_

Date: \_\_\_\_\_