



VILLAGE OF SAGAPONACK

PO Box 600
3175 Montauk Highway
Sagaponack, NY 11962
www.sagaponackvillage.org
631-537-0017 631-537-0612 (FAX)

DISCLOSURE AFFIDAVIT

STATE OF NEW
COUNTY OF SUFFOLK

_____, being by me duly sworn, deposes and says:

1. I am interested in an application for: _____
2. I reside at: _____
3. The nature of my interest in the aforesaid application is as follows: _____

4. If applicant or owner is a corporation, list officers:

President: _____ Vice President: _____
 Secretary: _____ Treasurer: _____

5. Do any of the above individuals have an interest, as defined below, in the owner or applicant?

- a. Any New York State or
- b. Any officer or employee of the Village of Sagaponack, Southampton Town or Suffolk County.

6. For the purpose of this disclosure, an officer or employee shall be deemed to have an interest in the owner or applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:

- a. Is the applicant or owner, or
- b. Is an officer, director, partner, or employee of the applicant or owner, or
- c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or
- d. Is a party to an agreement with such an applicant or owner, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application.

() YES () NO

If yes, state the name, address, nature and extent of the interest of such individual.

A person who knowingly and intentionally fails to make such disclosure shall be guilty of a misdemeanor as provided for in General Municipal Law, Section 809.

Sworn to before me this _____ day of _____, 20__

Signature of Owner/Applicant

If owner is a Corporation, indicate name of corporation and officer's title:

Notary Public