

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- This statement must be completed by each local official and it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- This signed statement must be submitted to the Community Health Services Director within 80 days of the commencement of official duties.
- This statement may not be filed electronically.
- All information on this statement is public information.
- It is unlawful to use this information for commercial purposes.
- Questions regarding the content and/or purpose of this statement should be addressed to the Meeker-McLeod-Sibley Community Health Services Coordinator.


Local Official	
Name <u>Julie Erickson</u>	Title of office held <u>Director</u>
Government Unit <u>McLeod County Health & Human Svcs</u>	Daytime phone <u>320-864-1373</u>
Street/PO Box <u>1805 Ford Ave</u>	
City, State, ZIP <u>Glencoe MN 55336</u>	
Occupation <u>Director</u>	Principal place of business <u>above</u>

Period Covered

October 15, 20 19 to October 14, 20 ~~19~~ 20

Certification

I, Julie Erickson, (print or type name) certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.


Signature of Local Official

10/15/2019
Date

Any person who signs and certifies a statement to be true, but knows the statement contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.