

**Potential Conflict of Interest Form**  
**City Agency Employee, Desire to Purchase City-Owned Property**

GH 4-2-2018, CAO Doc # 242047

Buyer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ I am an employee of one of the following (herein called “**City Agencies**”):

\_\_\_ the City of Milwaukee. Identify department: \_\_\_\_\_

\_\_\_ the Housing Authority of the City of Milwaukee (“**HACM**”)

\_\_\_ the Redevelopment Authority of the City of Milwaukee (“**RACM**”)

My job title is: \_\_\_\_\_ and my supervisor is \_\_\_\_\_.

My work phone number is: \_\_\_\_\_ My work email is: \_\_\_\_\_

My supervisor’s phone number is: \_\_\_\_\_

My supervisor’s email is: \_\_\_\_\_

\_\_\_ I am a spouse, sibling, parent or child of an employee of one of the City Agencies. Identify:

City Agency (either City and Department, RACM or HACM): \_\_\_\_\_.

Relationship to employee of City Agency: \_\_\_\_\_.

Name and job title of employee of City Agency: \_\_\_\_\_.

Supervisor of employee of City Agency: \_\_\_\_\_.

I, as Buyer, wish to submit to the City, to its Department of City Development (“**DCD**”), an offer to purchase (“**Offer**”) the following City-owned real estate with an address of: \_\_\_\_\_, Milwaukee, WI (the “**Property**”), and I understand that I must complete and submit this form with the Offer.

Does the City Agency employee, through his or her employment, or you as Buyer, have influence regarding the City’s marketing, sale, or price-setting of the Property, regarding the Offer, regarding any health or building code issues associated with the Property, or regarding any City Agency financing relating to the Property?

\_\_\_ Yes. Explain: \_\_\_\_\_

\_\_\_ No, I do not believe so.

Buyer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor review and signature.** I am the supervisor of \_\_\_\_\_ (the City Agency employee identified above).

\_\_\_ **No undue influence.** I believe that the City Agency employee has not had, and does not have, the type of influence regarding the marketing, sale, or price-setting of the Property, or regarding the Offer, or regarding any health or building code issues associated with the Property, or regarding any City Agency financing relating to the Property, that could reasonably call into suspicion whether **(a)** the Buyer received or may reasonably receive favorable treatment (more favorable than a true third-party purchaser would receive), or **(b)** the Buyer exerted or may exert undue influence regarding the Property and its possible sale to the Buyer.

\_\_\_ **Possible undue influence.** I believe that possible undue influence or favorable treatment may or could exist and I ask the DCD Commissioner for further review.

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name printed: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DCD Commissioner or Designee conflict determination.**

- I believe no conflict of interest exists.
- I believe a conflict of interest exists, and recommend the following action to address the conflict:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DCD Commissioner/Designee Signature

\_\_\_\_\_  
Date