2022 BIENNIAL REVIEW CERTIFICATION FORM

Submit now or no later than October 3, 2022 ITEM 4 ATTACHMENT A

Name of Agency:		
Name of Agency Head:		
Mailing Address:	_	
City:	State:	Zip Code:
Agency Code Officer:	Office Phone No.:	
E-Mail Address:		
Accurate disclosure is essential to monitrust in government. The biennial review disclosure by those agency officials who	v examines current programs to e	ensure that the agency's code includes
This agency has reviewed its conf	lict of interest code and has	determined that (check one box):
1. AN AMENDMENT IS REQUIRED	RED (Check all that apply. You ha	eve 90 days to submit your changes):
Include new positions		
Revise disclosure categori	es	
Revise the titles of existing		
	nat have been abolished and/oking governmental decisions	or positions that no longer
Other (describe)		
2. THE CODE CHANGES HAVE ADOPTION BY THE COUNT 3. NO AMENDMENT IS REQUI	Υ.	RE IN THE PROCESS OF
If your code has <u>not</u> been ame	nded in more than five years,	amendments may be necessary.
Verification (to be completed if no amo	endment is required)	
This agency's conflict of interest code accura governmental decisions. The disclosure cate investments, business positions, interests in by the decisions made by those holding design Code Section 87302.	gories assigned to those positions ac real property, and sources of income	curately require the disclosure of all that may foreseeably be affected materially
Signature of Agency Head or Des	signee Date	<u> </u>

All agencies must complete and return this notice even if no amendment is required, and regardless of how recently your code was approved or amended. Please submit this notice no later than Monday, October 3, 2022 to COICODES-Desk@bos.lacounty.gov

PLEASE DO NOT RETURN THIS FORM TO THE FPPC