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INTEREST QUESTIONNAIRE

FORM IC-Q

CONFLICT OF INTEREST

1. Name of the person completing this form: _____

OFFICE USE ONLY

2. Name of the person being interviewed: _____

3. Check this box if the person being interviewed is a member of the local government or a family member of a member of the local government. If not, check the box for "Other".

4. Name of the person being interviewed: _____

5. Check this box if the person being interviewed is a member of the local government or a family member of a member of the local government. If not, check the box for "Other".

6. Name of the person being interviewed: _____

7. Name of the person being interviewed: _____

8. Name of the person being interviewed: _____

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20. Name of the person being interviewed: _____

21. Name of the person being interviewed: _____

22. Name of the person being interviewed: _____

