

**Minnesota GIS/LIS Consortium
Conflict of Interest Statement**

I have read the Minnesota GIS/LIS Consortium Conflict of Interest Policy and agree to its terms.

Name: _____

Signature: _____

Date: _____

I hereby state that to the best of my knowledge I maintain no relationship with a person or organization, as defined in the Conflict of Interest Policy, that is currently transacting business or is expected to transact business with the Minnesota GIS/LIS Consortium.

Name: _____

Signature: _____

Date: _____

I hereby state that I do have a relationship with persons or organizations, as defined in the Minnesota GIS/LIS Consortium Conflict of Interest Policy and listed below, which might constitute, or lead to, a conflict of interest.

Entity	Relationship
Entity	Relationship
Entity	Relationship
Entity	Relationship
Entity	Relationship

Name: _____

Signature: _____

Date: _____