

Appointee Exemption Disclosure Form

Date: 10/04/2019

Name: Jose Rosado

Board/Commission Name: Behavioral Health Council

Exemption Requested: No

I request exemption for: Financial Interest No

Name of Entity where the financial interest exists:

Address of Entity:

Interest to be Exempted:

Current Value: No

I request exemption for: Employment No

Employment to be Exempted:

Your Position/Job Title:

Explain: