DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

WILLIAM LIFEERTH CON		SER IN ASSESSOR'S OFFICE	385-468-7996
1	ion, or County Division for wh	ich you are employed or volunteering	County/Volunteer's Phone
Covered Person's County Addr	ess/Volunteer's Address		
WILLIAM LIFFERTH, AP	PRAISER, I ONLY APPI	RAISE PROPERTIES ON A FEE B	ASIS OUTSIDE COUNTY
Outside institution, entity, privatis required in the above section	•	the Covered Person has a personal or busin	
		O ON REQUIREMENTS ON PAGE	
Covered person's status, relation 973 E OAKWOOD DRIVE	•	titution, entity, business or person named a	above
Address and phone number of the	he institution, entity, business of	or person named above	
C. Select the category that applies	s to yourself and the outside ins	stitution, entity, business or person identification	ed in subsection (B) above:
I receive or have agreed to	receive compensation for assis	sting a person or business entity in a transac	tion involving Salt Lake County.
Salt Lake County.		f a substantial interest in a business entity that dubstantial interest in a business entity that d	
		es a potential or actual conflict with my pull conflict with my public duties.	blic duties.
		of interest identified above, i.e., the nature or y. (This disclosure statement will not be a	
I DO IS ON PROPERTIES REQUIREMENTS SET F PARAGRAPH C ABOVE,	S OUTSIDE SALE LAKE ORTH ON PAGE 1, AND THERE HAS NEVER BE	TEREST BECAUSE THE OUTSW COUNTY BOUNTRARIES. BASEI THE LACK OF APPLICABLE CA EEN NOR DO I PLAN ON HAVING KE COUNTY FROM THE TIME I V	O ON THE TIGORIES IDENTIFIED IN ANY APPRAISING
		William & Office	BOL
UBSCRIBED and SWORN to bef	Fore me this <u>Z</u> & day of _,	Covered Person's Signature	3
		Alabor MAS	
	Notary Public - State of Utah SHAWNI MAHLER	NOVARY PUBLIC, Residing in	Utan
SEAL]	Comm. #702199 My Commission Expires	County	State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict exists.