



TOWN OF DURHAM

Code of Ethics Acknowledgement

I, _____,
Print Your Name

Please check one and fill in board/commission name, department, etc.

- Full Board Member _____
Commission/Board Name
- Alternate Board Member _____
Commission/Board Name
- Recording Secretary _____
Commission/Board Name
- Elected Official _____
Department Name (Board of Selectmen, Tax Collector, etc.)
- Employee (Town of Durham) _____
Department Name
- Vendor _____
Company Name
- Consultant _____
Company Name

acknowledge that I have **received, read and agree to abide by the provisions of** the
Town of Durham Code of Ethics.

Dated: _____

Signed: _____
Signature of Member, Employee, Vendor, or Consultant

When complete please return form to:

Office of the Town Clerk
30 Town House Road, PO Box 428, Durham, CT 06422

This area for use by Town Clerk Office

Date: _____

Received by Office of the Town Clerk: _____
Signature of Town Clerk or Assistant Town Clerk