

ACKNOWLEDGEMENT OF RECEIPT

TOWN OF WRIGHT FIRE DISTRICT CODE OF ETHICS

NAME: _____ *(please print)*

DATE: _____

POSITION HELD:

- Department Member
- Chief
- Board Member
- Chairman
- Secretary/Treasurer

Acknowledgement:

I acknowledge that I have received and read the Wright Fire District's Code of Ethics. I agree to abide by such policies and if I have any questions as to the propriety/potential conflict of interests of any actions or relationships, I will either file a disclosure notice to the District or ask the Chief or Board for guidance.

Signature