



TOWN OF DURHAM

Code of Ethics Acknowledgement

I, _____,
Print Name of Member, Employee, Vendor or Consultant

a. Member of _____,
Board or Commission Name

b. Employee of the Town of Durham, _____,
Department Name

c. Vendor, _____,
Company Name

d. Consultant, _____,
Company Name

acknowledge that I have **received and read** 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 Rd.
PO Box 428**

This area for use by Town Clerk Office

Date: _____

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