



TOWN OF LEDYARD CONNECTICUT

Code of Ethics Acknowledgement Form

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

Member of : _____
Name of Committee, Commission, Board

Employee of the Town of Ledyard _____
Name of Department

Vendor: _____
Name of Company

Consultant: _____
Name of Company

I Acknowledge that I have received and read the Town of Ledyard's Code of Ethics

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

**Please Return Completed Form to
Town of Ledyard Town Clerk's Office
741 Colonel Ledyard Highway, Ledyard, Connecticut 06339**

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Town Clerk's Office Use

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