



# 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