



Ethics Commission

Send completed form to:
Chairperson
Town of Portland
Ethics Commission
P. O. Box 22
Portland, CT 06480

Certification of Ethics Ordinance Training

In accordance with Article V, Section 1-17 (a) (11), I acknowledge that I have received a copy of the Ethics Ordinance and certify that I have read it and agree to abide by it.

Signature of Town representative: _____

Print or type name: _____

Date: _____

Department/Board/Commission: _____