



TOWN OF MAYNARD TOWN CLERK

MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1300 Fax: 978-897-8553

ACKNOWLEDGMENT OF RECEIPT

I, _____, hereby acknowledge that I
(*Print first and last name*)

received a copy of the summary of the conflict of interest law
for municipal employees on _____.
(*Date*)

Department/Office/Board/Committee/Commission

Signed

Municipal employees, Board, Committee and/or Commission Members MUST complete the acknowledgment of receipt and return it to the Town Clerk's Office or the individual who provided them with a copy of the summary.