

**TOWN OF GLASTONBURY
CODE OF ETHICS
Ethics Training DVD (Video)**

I HEREBY ACKNOWLEDGE that I have received and viewed the Ethics Training DVD (Video) for Boards and Commissions.

Please complete this section and return to the Staff Liaison:

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|--|-------|-----------------------------------|-------|
| Name: | _____ | Phone Number: | _____ |
| Elected or Appointed Board or Commission: | _____ | e-mail address (optional): | _____ |
| Position: | _____ | | _____ |
| Address: | _____ | | |
| Date: | _____ | Signature: | _____ |