

IMPORTANT NOTE: TOWN POLICY REQUIRES THAT YOU SIGN AND RETURN THIS RECEIPT TO THE TOWN CLERK'S OFFICE WITHIN 10 DAYS OF RECEIPT OF THE CONFLICT OF INTEREST LAW MATERIAL

**TOWN OF HULL, MA
TOWN CLERK'S OFFICE**

RECEIPT OF CONFLICT OF INTEREST LAW MATERIALS

I, _____, who qualified for the office of
(Print Name)

_____ (Office), on (date you were appointed/
elected/hired) _____, certify, pursuant to G.L. c. 268A, that I have received the Summary of the Conflict of Interest Law for Municipal Employees 1) issued by the State Ethics Commission.

Note: A failure to comply with the Conflict of Interest Law may subject me to civil, criminal and/or administrative enforcement action.

I acknowledge that I have been informed that I must complete the Conflict of Interest Law online training program for municipal employees which are accessible at www.muniprogram.eth.state.ma.us. **The summary acknowledgment and online training program completion certificate must be submitted to the Town Clerk's Office within 30 days of my election or appointment and thereafter in accordance with Town policy annually.**

(Signature)

(Date)

For office use only:

Received by and filed in the Town Clerk's Office on _____

By: _____