

## Acknowledgment of Receipt

I, \_\_\_\_\_, hereby acknowledge that I received a  
*(Please print clearly)*

Copy of the Summary of Conflict of Interest Law for Municipal employees on

\_\_\_\_\_  
*(Date)*

SCHOOL DISTRICT (Please check all that apply):

Northborough

Southborough

Regional (ARHS)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_