



# Ethics Commission

Send completed form to:  
Chairperson  
Town of Portland  
Ethics Commission  
P. O. Box 12  
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: \_\_\_\_\_