



Town of Geddes

Department:

Ethics Policy Certificate of Compliance and Disclosure 2024

It is required that this form be completed, notarized and returned to the Supervisor's Office

Print Name and Title: _____

A. **COMPLIANCE** – Please initial where required:

I have read and understand the attached “Ethics Policy” and I agree that it is my responsibility to comply with all guidelines and obligations contained therein.

Initial Here _____

*** If necessary please attach to this certificate a separate statement providing a complete explanation of any non-compliance situations.*

B. **DISCLOSURE** – Please read and answer the following:

I have indicated below all personal interest/relation to any vendors or Town Employees: (“Relation” means a spouse, parent, step-parent, sibling, step-sibling, sibling’s spouse, child, step-child, uncle, aunt, nephew, niece, first cousin, or household member of a municipal officer or employee, and individuals having any of these relationships to the spouse of the officer or employee)

If none, initial here: _____

Vendor/Employee Name	Relationship to Vendor or Employee	Business Type	Department/ Position
----------------------	------------------------------------	---------------	----------------------

I have indicated below all other outside employment in which I am engaged while employed at the Town of Geddes:

If none, initial here: _____

List the Name of outside Employer, together with Job Duties / work performed:

I have indicated below all Public Offices which I currently hold, elected to or appointed to:

If none, initial here: _____

C. SIGNATURE:

I certify that the above information is complete and accurate. If any circumstances arise that would put me in **non-compliance** with the “**Ethics Policy**” or may require disclosure of new or additional information, I agree to report the details to the Town of Geddes Town Clerk in writing immediately.

SIGNATURE _____

PRINT NAME _____

DATE _____

State of New York)
County of Onondaga) ss.:

On this _____ day of _____, 20 ____ the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity (ies), and that by his/her signature on the instrument, the individuals or the persons upon behalf of which the individual(s) acted; executed the instrument.

Notary Public – State of New York _____