



# City of Scottsdale Public Service Ethics Training

I confirm, by my signature below, that I completed Public Service Ethics Training presented by the City of Scottsdale, on the date indicated below.

I acknowledge that I am aware of the public service ethics laws and will abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Board / Commission

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date