MONTGOMERY COUNTY CODE OF ETHICS EMPLOYEE ACKNOWLEDGMENT

l,,	by my signatu	re, hereby	verify	that
accept a copy of the Code of Ethics Poli	icy for Montgom	ery County	Gover	nmen
and the Conflict of Interest Disclosure	Statement and u	ınderstand	that it	is my
responsibility to read and comply with its	contents.			
Employee Name (Printed)		Date		
Employee Signature				
Department				