

TRI-CITY REGIONAL SANITARY DISTRICT

STATEMENT OF RECEIPT

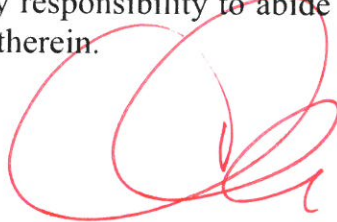
Fiscal Year 2024-2025

I, Charlotte Asrarizami, do hereby indicate:

1. That I am presently a (please check one): Board Member Employee of the Tri-City Regional Sanitary District;
2. That I acknowledge receipt of a copy of the following Tri-City Regional Sanitary District Policies:
 - a. Conflict of Interest
 - b. Vendor Relations
3. That I acknowledge that I have read the Policies in their entirety; and
4. I understand that it is my responsibility to abide by the policies, guidelines and procedures outlined therein.

8/24/24

Date



Signature