

**TRI-CITY REGIONAL SANITARY DISTRICT**

**STATEMENT OF RECEIPT**

**Fiscal Year 2024-2025**

I, Connie Callaway, 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.

8/19/2024  
Date

Connie M. Callaway  
Signature