

Board of Trustees Conduct Disclosure Form

The undersigned acknowledges having received and read the Harrison Township Public Library *Board of Trustees Conduct Policy* and represents the following:

I hereby certify that I will abide by this policy and, in particular, avoid conflicting interests of the kind set forth in the policy. I understand that if I become involved in any organization which may give rise to a possible conflict of interest, I must disclose this potential conflict to the library board president and/or library board vice-president immediately.

I attest to the following as checked below:

No conflict of interest to report. I hereby certify that I have no conflict of interest prohibited under the policy.

Report of a possible conflict of interest. I hereby certify that I have the following outside interest(s) which may constitute a conflict of interest under the policy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_