

CITY OF CORAL GABLES

2019 Boards and Committees Ethics Training Attestation Form

Board/Committee Member's name:

_____ Board/Committee Name:

_____ Please indicate the date

you completed the course electronically: _____/_____/_____

I _____ attest and verify that I have completed the 2019 Boards and Committees Ethics Training Course electronically. I further attest and verify that all information provided in this form is accurate and complete in all respects.

Signature of Attester: _____

Date: _____

Please submit the completed form to epaulk@coralgables.com by Friday, November 22, 2019.