ACI	knowledgement Form		
I		in consideration of the City of Hamilton	
appointing me to the		, for the	
	term, acknowledge, ur	ndertake and agree as follows:	
1.	I will make all reasonable efforts to atter appointed and to participate in an impar	nd all meetings of this body to which I have been tial manner with the understanding that:	
	(a) If I miss more than three consecutive hearing and considering my explain	ative (3) meetings during my term, the Chair, after anation, may ask me to resign.	
2.	I will exercise all of the roles and responsibilities of a member of the body to which I have been appointed.		
3.	I shall respect and co-operate with the other local board members and City staff. I shall not disclose to any member of the public any confidential or personal information, acquired by virtue of my position.		
4.			
5.	As a volunteer Committee member, I have received and read of the Procedural Handbook for Citizen Appointees to City of Hamilton Local Boards.		
6.	I acknowledge that the meetings are public, livestreamed, recorded and archived on the City's website for future viewing.		
7.	I hereby confirm that I have read and understand the Code of Conduct for Local Boards an agree to abide by it.		
Date	ed at City of Hamilton, in the Province of O	ntario this day of, 20	
Applicant:		Witness: (Must be at least 18 years if age)	
(Please Print Your Name)		(Please Print Your Name)	
(Please Sign)		(Please Sign)	