



**BOARDS, COMMISSIONS, AUTHORITIES, AND  
ADVISORY COMMITTEES CODE OF ETHICS FORM**

**I hereby certify that I have reviewed and understand the contents of the Habersham County Code of Ethics. I further acknowledge that I will fully comply with all provisions of this policy, and I understand that any action that I take in violation of this policy is grounds for removal from my appointment by the Board of Commissioners.**

\_\_\_\_\_  
**Name Printed**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**