

**Austin County Water Supply Co (ACWSC)
Board of Directors Conflict of Interest Questionnaire**

1. Name: _____ Date: _____

2. I affirm the following:

- a. I have received a copy of the ACWSC Conflict of Interest Policy. _____ (initial)
- b. I have read and understand the ACWSC Conflict of Interest Policy. _____ (initial)
- c. I agree to comply with the ACWSC Conflict of Interest Policy. _____ (initial)

3. Disclosures:

- a. Do you or any of your family members described in ACWSC conflict of interest policy have a financial interest (current or potential), including a compensation arrangement, with ACWSC or any employee or contractor of ACWSC? Yes No

- i. If yes, please describe it and include documentation for dates, contracts, and financial disclosure:

- b. In the past, have you or any of your family members described in the ACWSC Conflict of Interest Policy had a financial interest, including a compensation arrangement, with ACWSC or any employee or contractor of ACWSC? Yes No

- i. If yes, please describe it and include documentation for dates, contracts, and financial disclosure:

By signing this statement, I affirm that the above answers are true and correct. And any inaccuracies will result in my immediate termination.

_____ Date: _____
Signature of director