

ACKNOWLEDGEMENT OF RECEIPT OF THE

Sand Beach Conservancy District

PUBLIC RECORDS POLICY

I, _____Tim Clapp_____am the designated Director and/or record custodian for the District. I hereby acknowledge that I have received on this __15th__ day of _____May_____, 2021 a copy of the District's Public Records Policy dated 6-18-2020

DATE: _____May 15, 2021_____

SIGNATURE: __________

PRINTED NAME: _____Tim Clapp_____

TITLE: _____President_____

DEPARTMENT: