Affidavit of Completion of Courses for the Certified Town Official Program

ACTIVITY

Activity Title: **NYAOT Leadership Lab**
Location: **Virtual – Online on-demand Training**

Please check the box next to the session(s) you have completed.

Supervisor
☐ Leadership Lab 1: Town Budget Fundamentals

Town Board Member Area
☐ Leadership Lab 2: Organizational Meeting
☐ The Freedom of Information Law for Local Officials

Attorney/Legal Area
☐ First Amendment Issues in Local Government

Tax Collector/Receiver of Taxes
☐ Tax Collection Fundamentals

Assessor/RPT Issues
☐ The Role of Assessor in Town Government

Planning and Zoning
☐ Welcome to Planning & Zoning

Eligible for any CTO area – Selected by attendee
☐ Municipal Ethics 101

I, _____, from the Town of _____,

[Please Print] in the County of _____,

solemnly and sincerely declare and affirm that this is my name and handwriting, that I have completed the courses indicated above, which are within the approved program of education or training, and that the contents of this, my affidavit, are true and correct in every particular.

Date:_____ _____

(Signature of Municipal Official Seeking Certification)

Please email, fax or mail to the Association of Towns at ekurtzner@nytowns.org; (fax) 518-465-0724; or Association of Towns, 150 State Street, Albany, NY 12207