



The city of opportunity, the community of choice

Certification of Training

This will certify that as a member of the _____ I have received Ethics, Open Public Meeting Act, Public Records Act and Equity Training as outlined below.

Ethics: Training Format

Date Completed Training

OPMA: Training Format

Date Completed Training

PRA: Training Format

Date Completed Training

Equity: Training Format

Date Completed Training

I agree to comply with the OPMA, the PRA, and the Ethics requirements outlined in RCW 42.23 and Tukwila Municipal Code 2.95 and to abide by all relevant laws.

Member Signature

Date

Printed Name