COUNTY OF LAKE CONSULTANT SELECTION PARTICIPANTS CERTIFICATION OF

CONFLICT OF INTEREST

NAME OF PROJECT	
Civil RFP	8/24/2

- I, the undersigned, do hereby certify the following:
 - 1. That I have reviewed and am familiar with the County of Lake CONFLICT OF INTEREST POLICY (attached herewith) and that my participation in this Consultant Selection Process does not represent a conflict of interest under said County Policy.
 - 2. I understand that I am specifically prohibited from engaging in any practice which might result in unlawful activity including, but not limited to, rebates, kickbacks, or other unlawful consideration, relative to the selection process.

Signatures of Partic	ipants:	. 1		
Repul	Pich MED 8/26/21	Clantha	10/2 9/20/21	
(\$1gnature)	(Date)	(Signature)	(Date)	
	J-26-21 Sha	M.F.J. ine Fre nch (Sep 20, 2021 14:50 PDT)	09	9/20/2021
(Signature) Site	(Date)	(Signature)	(Date)	
(0)	8/26/21	(0)		
(Signature)	(Date)	(Signature)	(Date)	
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(Signature)	(Date)	(Signature)	(Date)	

Civil Selection Form_20210920143625

Final Audit Report 2021-09-20

Created: 2021-09-20

By: MaryBeth Strong (MaryBeth.Strong@lakecountyca.gov)

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