

**City of Santa Clarita  
Fraud Prevention, Reporting and Investigation Policy  
Acknowledgment**

I acknowledge that I have received a copy of the City of Santa Clarita's Fraud Prevention, Reporting and Investigation Policy. I further acknowledge that I have read and understand the provisions of the Policy and my obligations under it. I understand that violation of this Policy by an employee is grounds for discipline, up to and including termination. I understand that violation of this Policy by a non-employee is grounds for the City ceasing to utilize the individual's services and/or ending the business relationship between the City and the individual.

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Name (print)

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Signature

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Date