

**CITY OF SANTA CLARITA  
MEDIA COMMUNICATIONS AND SOCIAL MEDIA POLICY**

**ACKNOWLEDGEMENT OF RECEIPT**

By my signature below, I acknowledge that I have received, read, and understood the City of Santa Clarita's Media Communications and Social Media Policy III-27. I will abide by its terms. I understand that failure to fully comply with all terms set forth in the Policy may lead to disciplinary action up to and including termination of employment.

\_\_\_\_\_  
**Employee's Name (PLEASE PRINT)**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**