



MORGAN COUNTY PLANNING AND DEVELOPMENT

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NOTICE OF PRIVACY ACKNOWLEDGEMENT OF RECEIPT

DATE: _____

I acknowledge that I was provided a copy of the Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement.

Print Name

Signature

If completed by an Authorized Agent for the applicant, please print and sign your name in the space below:

Name of Authorized Agent (Print)

Authorized Agent Signature

Relationship

Notary Public

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 __

Notary Public

My Commission Expires: