

Cambria Community Services District

Acknowledgment of Receipt of the Cambria
Firefighters/International Association of Firefighters IAFF Local
4635 MOU

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *IAFF MOU*.

I received the Cambria Community Services District's IAFF MOU on
_____ (date).

Name: _____
Print

Signature