STATE OF INDIANA

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE N1058(B)
INDIANAPOLIS, IN 46204
PHONE (317) 232-3777

CONTINUING EDUCATION CREDIT FORM

This form must be completed in its entirety. Participants should retain a copy of this form for their records. Additional information such as a copy of the program agenda, brochure, or outline may be requested by your governing body.

Course Title: Fall Compliance Overview Webinar

Instructor: James Johnson

Location: Online Webinar

Date: August 12, 2020

Start & End Time: 10 a.m.

Number of CE Hours: 1 hour

Your Name:

Title:

County:

Taxing Unit Name (if applicable):

Address (work):

Daytime Phone:

Home /Cell Phone:

By signing this form, I certify that I have attended the above-named course.

Date

I hereby certify that the person listed above attended the course as indicated.
(supervisor initials) _____

Retain in your records and/or submit to your oversight body.