

Contra Costa County



Employee Acknowledgment – Notary Public

I, _____, acknowledge that I work for Contra Costa County ("County") in the _____ Department and that I am required to perform notary public services as part of my work-related duties. I acknowledge that the County paid the costs of my notary public training, my notary insurance, my notary bond, and my notary public license. I acknowledge that it is my responsibility to keep safe all notary tools and equipment and that I will provide notary public services to the County at no cost.

Employee Signature

Date

Department

Division