

**City of Mishawaka  
and  
Mishawaka Utilities**

**Statement of Confidentiality**

By signing below, I agree that:

During the course of performing my duties, I may have access to and contact with confidential information, records, or materials. I understand that as an employee of the City of Mishawaka, I am responsible to maintain confidentiality related to the information I receive and have access to. No information I am privy to related to our clients, employees, organization or donors shall be used, released or discussed in any manner with anyone outside the organization or with other organizational employees who are not authorized to receive such information. I also understand that failure to abide by these policies may result in disciplinary action, which may include termination of my employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_