

EXHIBIT “A”

(This form needs to be signed annually by Service Provider).

ACKNOWLEDGEMENT OF RECEIPT OF CRIMINAL HISTORY

I hereby acknowledge that I have received copies of criminal histories of the Defendants that I represent in Summit County Justice Court/District Court cases for Park City Attorney’s Office. This acknowledgement is pursuant to my Motion/Request for Discovery and the Professional Service Agreement (between dates _____) I have signed with the Park City Municipal Corporation. I understand that further dissemination to any unauthorized person or agency may result in both civil and criminal liability.

DATE (2019)

SIGNATURE

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SIGNATURE