



Islesboro Economic Sustainability Corporation

CERTIFICATE OF COMPLETION FREEDOM OF ACCESS ACT

Training Required by 1 M.R.S.A. § 412

I, _____, hereby certify that I have met the training
(*Name of official or public access officer*)
requirements set forth in **1 M.R.S.A. § 412** on _____
(*Date of training*)

by completing the following training:

A thorough review of all the information made available on the Frequently Asked Questions portion of the State website, www.maine.gov/foaa/faq.

OR

Another training course that includes this information, identified as follows:

(*Title of Course*)

(*Name of Course Provider*)

Dated this _____ day of _____, 20 ____.

Signature

Printed Name

Elected/Appointed Office or Position

Note: A public access officer or an official subject to this section shall complete the training not later than the 120th day after the date the official assumes the person's duties as an official or the person is designated as a public access officer.