



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

CONFIDENTIALITY AGREEMENT

I understand that during the course of my appointment to the Coquille Indian Housing Authority Board of Commissioners, I may have in my possession or become aware of information of a personal or confidential nature pertaining to the affairs of the Housing Authority, its employees, and its program applicants and participants.

I hereby agree, as a condition of my appointment, to keep all such information confidential and not to disclose it to any persons not authorized to receive it. I understand that failure to adhere to this confidentiality policy may result in my removal from office.

I HAVE READ THE ABOVE AGREEMENT AND WILL ADHERE TO IT AS A CONDITION OF MY APPOINTMENT TO THE COQUILLE INDIAN HOUSING AUTHORITY BOARD OF COMMISSIONERS.

COMMISSIONER'S NAME (printed): _____

COMMISSIONER'S SIGNATURE: _____

DATE: _____