

Pima County Attorney's Office

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Pima County Attorney's Office Confidentiality Agreement

I, _______, agree while working for the PIMA COUNTY ATTORNEY, that no information contained in its records obtained from the County, from law enforcement or from others for the purpose of carrying out such work shall be used by or disclosed by the undersigned, except as required to officially perform legal work.

Signature

The above signature was acknowledged before this _____ day of _____, 20____,

Notary My Commission Expires: