

Caroline Simmons
Mayor

David Villalva
Risk Manager



CITY OF STAMFORD
Risk Management Department
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P.O. Box 10152
Stamford, CT 06904-2152

City of Stamford Fleet Safety Acknowledgment Form

I hereby acknowledge that I have received and read a copy of the City of Stamford Fleet Safety Program. I agree to comply with the policies and procedures contained in the program.

Driver's Signature

Date

Driver's Name (Print)