**Confidentiality Acknowledgment**

I, the undersigned, acknowledge that I have requested access to certain sensitive documents maintained by the Beaver County Local Emergency Planning Committee (LEPC), including Emergency Off-Site Response Plans (EOSRPs) and Tier II Chemical Inventory Reports.

By signing this acknowledgment, I agree to the following terms:

1. **Confidentiality:**  
   I will maintain the confidentiality of all sensitive and proprietary information contained within the EOSRPs and Tier II reports.
2. **Non-Disclosure:**  
   I will not disclose, distribute, copy, or otherwise disseminate any information obtained from these documents to unauthorized individuals or entities.
3. **Proper Use:**  
   I will use the information solely for the purpose stated in my request and in accordance with applicable federal and state laws, including EPCRA and Pennsylvania emergency management statutes.
4. **Compliance with Security Measures:**  
   I agree to comply with all security protocols established by the LEPC, including restrictions on personal belongings and supervision requirements during document review.
5. **Legal Consequences:**  
   I understand that unauthorized disclosure or misuse of this information may result in civil or criminal penalties under federal and state law.

I hereby certify that I have read and understand the above terms and agree to abide by them.

**Requestor Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEPC Staff Witness (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_