



# TOWN OF OLD LYME

[www.oldlyme-ct.gov](http://www.oldlyme-ct.gov)

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**TOWN CLERK**

52 Lyme Street • Old Lyme, CT 06371

[townclerk@oldlyme-ct.gov](mailto:townclerk@oldlyme-ct.gov)

## Receipt of Town of Old Lyme Smoke and Tobacco Free Policy

I hereby acknowledge receipt of a copy of the [Town of Old Lyme Smoke & Tobacco Free Policy](#).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Board or Commission / Department (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This receipt must be signed, dated & returned to:

Human Resources

Memorial Town Hall

52 Lyme Street

Old Lyme, CT 069371