



Astor Services
6339 Mill Street, Rhinebeck, NY 12572
Phone: (845) 871-1000 | Fax: (845) 876-2020
www.astorservices.org info@astorservices.org



Acknowledgment of Receipt
Astor Services Corporate Compliance Plan

Name of Employee, Organization, or Vendor: \_\_\_\_\_

SSN, Employee ID (if Astor staff), or Tax ID: \_\_\_\_\_

If Astor Employee, Program Name and Site: \_\_\_\_\_

This is to certify that \_\_\_\_\_ (organization/person name) has received and understands my/our responsibility to ensuring compliance with Astor's Corporate Compliance Plan.

Signature of Employee/Vendor/Organization \_\_\_\_\_

Date \_\_\_\_\_

Instructions:

Please complete and send to Astor's Compliance Officer

jlabarbera@astorservices.org

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