

AFFIDAVIT

File Number: -

I, _____ of the City/Town/Municipality of _____ make
an oath or affirm and say as follows:

Sworn (or affirmed) before me at the _____ of _____,
this _____ day of _____, 20_____.

Signature of Commissioner

Signature of Deponent

For Office Use Only:

Delivery Method:

In Person

Mail

Fax

Courier

Email

FL

50101

