



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

The LTB Rules of Practice allow the use of an unsworn statement instead of an affidavit. You may use the Declaration form that is on the LTB website instead of this Affidavit to provide the required information.

**OFFICE USE ONLY:**

Delivery Method:  In Person  Mail  Courier  Email  Efile  Fax  FL