



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

**OFFICE USE ONLY:**

Delivery Method:  In Person  Mail  Courier  Email  Efile  Fax FL