



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