*State of Vermont, Washington County S.S.*

# VERMONT CAPITOL POLICE DEPARTMENT AFFIDAVIT

Address: _____Date of Birth: _____

Home Phone: _____Cell Phone: _____

(Print Name Below) Work Phone: _____

I, _____, hereby swear under penalty of perjury (not more than 15 years imprisonment, not more than $10,000 fine), that I have personal knowledge of the following fact(s) and that this statement is true to the best of my information and belief:

**Subscribed and sworn to before me on**
**This_____day of_____,20_____**

_____
**(Affiant)**

_____
**(Notary Public)**

_____
**(Date)**