



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____

(Notary Public)

(Affiant)

(Date)