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# TOWN OF SMITHFIELD

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## AFFIDAVIT

Under penalty of perjury, I, the undersigned affiant swear or affirm that:

The statements above are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
NAME OF AFFIANT

\_\_\_\_\_  
SIGNATURE OF AFFIANT

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged, subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY REGISTRATION NUMBER

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission expires: \_\_\_\_\_

SEAL