



TOWN OF SMITHFIELD

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