**Hearing #_____**

# AFFIDAVIT

(one completed affidavit per attendee)

SA&I 451 (2014) Title 68 § 2877 (E)2 & (E) 3

My name is _____. The information I will present today is true and correct to the best of my belief and knowledge.

_____, Taxpayer

_____, Taxpayer Representative

_____, County Assessor

_____, Deputy Assessor

_____
Date

* * * * * * * * * * * * * * * * *

State of _____

County of _____

Signed or attested before me on _____, 20____ by _____
(Date) (Name of person)

My Commission expires: _____ _____
Notary

My Commission number: _____ _____
Title

SEAL