

LAKELAND POLICE DEPARTMENT

AFFIDAVIT

I, _____ do hereby affirm that I have
(Name of Applicant)
not used tobacco or tobacco products for at least one (1) year
immediately preceding my application for employment.

Under the penalties of perjury, I declare that I have read
the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____,
20____.

(Signature of Applicant)

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20____, by _____

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

Personally Known ___ or Produced Identification ___ (check one)

Type of Identification Produced: _____