

Lakeland Police Department Affidavit

I, _____, do hereby affirm that **I have NOT used tobacco** or
(Print your name)
tobacco products for at least six (6) months immediately preceding my application
for employment

OR

I, _____, do hereby affirm that **I have used tobacco** or
(Print your name)
tobacco products within the past six (6) months

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

Dated and Signed this ____ day of _____ 20 ____.

Signature of Applicant

Sworn to and subscribed before me
this _____ day of _____ 20 ____.

Notary Public, State of Florida

My commission expires: _____

(check one)

Personally known or Produced Identification

Type of Identification produced: _____