AFFIDAVIT OF IDENTITY

Name _____
(Last) (First) (Middle)

Residence Address

_____
(Street Address) (City) (Zip)

Phone (_____) _____ Email _____

I am a citizen of the United States ☐ Yes ☐ No
I am registered and qualified to vote at the address above ☐ Yes ☐ No
I have lived at the address above 30 days or more ☐ Yes ☐ No
I am 18 years of age or older ☐ Yes ☐ No

By signing this affidavit, I swear (or affirm) that the facts I have provided are true. I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to $1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.558, 933 and 936)

SIGNATURE _____

STATE OF MICHIGAN, COUNTY OF WASHTENAW

Subscribed and sworn to before me on the _____day of _____, 2020.

Name of Notary _____

My commission expires _____, Acting in the County of_____

Signature of Notary Public _____

Notary Public Seal