Committee of Adjustment

AFFIDAVIT/SWORN DECLARATION FORM

I, _____ of the _____

(Print name of owner or authorized agent) **(e.g. City of Richmond Hill)**

in the _____

(e.g. Regional Municipality of York)

Solemnly declare that all above statements contained in all of the exhibits transmitted herewith are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

NOTE: The signature of the applicant/owner or authorized agent must be witnessed by a Commissioner, etc. The signatory must have photo identification at the time of signing and commissioning. Please contact committee staff at 905-771-2412 or committeeofadjustment@richmondhill.ca to make an appointment for commissioning services.

Declared before me

At the _____

(e.g. City of Richmond Hill)

of _____

(e.g. Regional Municipality of York)

in the province of _____

(e.g. Ontario)

This _____ day of_____

, 20_____.

_____

A Commissioner, etc.

_____

Signature of applicant or authorized agent

☐ *I have the authority to bind the corporation.*