TINICUM TOWNSHIP BUCKS COUNTY
AFFIDAVIT OF RESIDENCY

I, (Name)_____, hereby state that I am a resident of the (Municipality)_____ in _____ County and that I currently reside and have resided continuously in (Municipality)_____. I make this statement under penalty of perjury that it is true and accurate.

Signature _____ Date _____

****

Sworn to and subscribed before me on (Date)_____.

_____ Notary Public

Return/Email signed completed copy to kmoreni@tinicumbucks.org