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Department/Agency Disposition:

\_\_\_\_\_ Identity of person presenting this affidavit verified by means of \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_ Record(s) provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Information not provided because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Name of agency personnel

