



MIAMI-DADE COUNTY COMMISSION ON ETHICS & PUBLIC TRUST

**AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 2-11.1 (bb) OF THE
MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE**

I _____, having been duly elected to serve as _____,
(print or type name) (Title)

in the city/town/village of _____ do hereby depose under oath or affirmation, that I have read the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance and agree to comply with the provisions of said ordinance.

Signature of elected official

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

this ____ day of _____, 20____, ,

by _____,

(Name of Person Making Statement)

(Signature of Notary Public, State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me _____

or

Produced Identification _____

Type of Identification Produced: _____