

Arizona Department of Revenue Collection Division Affidavit

Reference:		
(License or File Number)	_	
(Case File Number)	_	
	Name	
f,	Address	
eing duly sworn, I do depose and say as follo	ows:	
Under penalties of perjury, I declare that to th	ne best of my knowledge and belief, this informa	ation is accurate and complete.
1 1 3 3	,	•
Signature of Affiant		Date
tate of Arizona)		
County of)		
Subscribed and sworn (or affirmed) before me this day of		, 20
(seal)		
	Notary Public	



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