

AFFIDAVIT

Before me, the undersigned authority, personally appeared, _____, who being by me duly sworn, deposed as follows:

I, _____, am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein state:

I am employed with the _____ Ambulance Service, as the Administrator. Included in my responsibilities as the Administrator is oversight of the ambulances and the equipment stocked in each one.

Attached hereto is a copy of the equipment listing for _____ Ambulance Service. I do affirm that ___ out of ___ ambulance(s) carries the exact listing attached.

_____, Ambulance Administrator

In witness whereof, I have hereunto subscribed my name and affixed my official seal, this ____ of _____, 20____.

NOTARY PUBLIC

My Commission Expires:
