
Applicant

Applicant

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
)ss.:
COUNTY OF)

, being duly sworn, say(s) that
(he)(she)(they)(is)(are) the applicants) above named; that (he)(she)(they)(have)(has) read the
foregoing application and the same is true to (his)(her)(their) knowledge except as to matters
therein stated to be alleged on information and belief and as to those matters (he)(she)(they)
believe(s) it to be true.

Applicant

Applicant

Subscribed and sworn to before me this
day of , .

(Deputy) Clerk of the Court
Notary Public