DMV AFFIDAVIT OF RESIDENCE

Company/Organization	on	(if any)	
Name	Title	(if any)	
Street Address			
City, State			
Zip			
Date			
To Whom This May C	Concern,		
I,	_, formally acknowledge that		is a resident in the
State of	with a street address of		, City of
	, State of	since	, 20
Furthermore, I swear	and affirm under p	enalty of perjury that the fa	cts set forth in this statemer
are true and accurate			
Sincerely,			



/We, as witness(es) to the aforementioned claims made by and				
acknowledge their residency status.				
Witness Signature	_ Date			
Print Name				
Witness Signature	_ Date			
Print Name				
Notary Acknowledgment				
A Notary Public or other officer completing this certific document to which this certificate is attached, and not				
0				
State of				
County of				
On, before me,	, Notary Public,	personally appeared		
who proved to me on the	ne basic of satisfactory eviden	ce to be the		
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me				
that he/she/they executed the same in his/her/their authorized capacity(ies), and that by				
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the				
person(s) acted, executed the instrument.				
I certify under PENALTY OF PERJURY unde	r the laws of in the State of			
that the foregoing paragraph is true and corre	ect.			
	WITNESS my	hand and official seal.		
	Signature			

Print Name _____



Place Notary Seal Above

Witness Acknowledgment