

Form No. 12

# VERIFICATION

(To be added to all complaints, answers, applications and petitions.)

State of \_\_\_\_\_ ,

County of \_\_\_\_\_ , ss.

\_\_\_\_\_ the \_\_\_\_\_  
(Name) (Title, if applicable)

of \_\_\_\_\_ , the \_\_\_\_\_  
(Company/Utility, if applicable) (Complainant/Defendant/Petitioner)

named in the foregoing \_\_\_\_\_ , being duly sworn,  
(Complaint/Answer/Application/Petition)

says that the facts and allegations therein contained are true, except as far as they are therein stated to be on information, and that, so far as they are therein stated to be on information, he/she believes them to be true.

\_\_\_\_\_  
(Signature of person named above)  
Affiant

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.