

TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE
INVESTIGATIONS DIVISION
P.O. BOX 80529
Austin, Texas 78708-0529
1-800-832-9623

STATE OF TEXAS

COUNTY OF _____ AFFIDAVIT

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

I have read this statement consisting of ____ page(s), each page of which bears my signature and I do affirm that all facts and statements contained herein are true and correct.

Signature – Person making statement

