NON-DISCRIMINATION AFFIDAVIT

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STATE OF	ss	
COUNTY OF		
	being first duly sworn,	deposes and says that he/she
is		
Name		
	of	the party
Title	Company	
color as is described and Code.	d prohibited by Section 153.59 and/or	
	Signatur	ce
	Affiant	
	Company	
	Address	
	City/Sta	ate/Zip Code
Sworn to and : , 20 (Se	subscribed before me this eal)	day of
	My Commi	ission Expires:
		 Date