



CITY OF BUFFALO
DEPARTMENT OF HUMAN RESOURCES
CIVIL SERVICE DIVISION



BYRON W. BROWN
MAYOR

GLADYS HERNDON-HILL
COMMISSIONER

Notarized Statement Under Penalty of Perjury

State of _____ County of _____

Address: _____

I, _____, under penalty of perjury state that:

I have been a resident, domiciled in the City of Buffalo for no less than 90 days prior to completing my application, and;

I understand that the Ordinances of the City of Buffalo require that from 90 days prior to completing my application, through my entire employment that I continuously remain a domiciled resident of the City of Buffalo, and maintain a residence within the corporate limits of the City of Buffalo.

I understand that failure to comply with any or all of these requirements will result in the denial of my application for employment, and/or immediate termination of my employment.

I certify under penalty of perjury that the foregoing is true and correct. I understand the City of Buffalo has the right to verify all my statement/s, including but not limited to: verifying that I own the property, that I have a valid lease, verifying any and all utilities in my name, etc. I further understand that my neighbors may be interviewed to determine who lives at this address, and any other addresses that appear in a background check report. I understand that the City of Buffalo has the right to pursue legal action against me for any false statements that may defraud or attempt to defraud the City of Buffalo.

_____ Date _____ Signature

Acknowledgment of Individual

STATE OF NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public
Printed Name: _____

My Commission Expires:
