
Verification

I, the undersigned declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____.
(Month) (Day) (Year)

Printed Name: _____
(First) (Middle) (Last)

Signature: _____

CERTIFICATE OF SERVICE

The undersigned does hereby certify that a copy of the foregoing document was filed with the Buncombe County Equity Officer by delivering the same in one or more of the following way:

Via First Class Mail to: Buncombe County Equity Officer
 200 College St.
 Asheville, NC 28801

Via Fax to: (828) 250-6076

Via Email to: ndo@buncombecounty.org

This the _____ day of _____, 20_____.

Respondent

(Signature)

(Printed Name)