



CITY OF OPA-LOCKA OATH

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared _____
_____ to me well known who, being sworn, says that he/she is seeking
appointment to the Office of City Commissioner for the City of Opa-locka, Florida; that he/
she is a qualified elector of said City residing within the City at least one year before
applying for this office; that his/her legal residence is:

Opa-locka, Miami-Dade County, Florida; that he/she is qualified under the ordinances
and Charter of said City to hold such office.

Signature of Candidate

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2021,
by _____.

(NOTARY SEAL)

Signature of Notary Public-State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR

Produced Identification _____

Type of Identification Produced _____