



Montgomery County Department of Health and Human Services
Licensure & Regulatory Services
 2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902
 Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure

Describe what you observed in as much detail as you can. This document is a statement of facts personally known to you.

Be sure to sign and date the form before submittal as personally instructed, or by mail, fax, or in person to the address given above.

If you wish to report on more than one event, you must describe each of the other events on a separate Affidavit.

AFFIDAVIT

This statement may be used by this Division to issue a violation or a civil citation to the defendant/violator for possible violations of the Montgomery County Code, the Code of Maryland Regulations, or the Annotated Code of Maryland. You may be called to testify under oath about the information in this statement in a court of law. The defendant/violator does have the right to receive a copy of this statement. Your identity may be known to the defendant/violator if a charge is issued.

Name of Complainant/Witness:

COMPLAINANT/WITNESS ADDRESS:

Street #: Street Name: Suite #:
 City: State: Zip Code:

Telephone #:

Complainant/Witness Email Address:

Name of Defendant/Violator:

DEFENDANT/VIOLATOR ADDRESS:

Street #: Street Name: Suite #:
 City: State: Zip Code:

Exact Location of Alleged Violation:

DATE AND TIME OF POSSIBLE VIOLATION:

Date: **Time:** **AM** **PM**

Please continue to complete Page 2 of Affidavit

DESCRIBE EACH ALLEGED VIOLATION IN DETAIL. CONTINUE ON PAGE 2, IF NECESSARY

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Complainant/Witness Signature:

Date:

FOR DEPARTMENT USE ONLY

Case #:

Citation #:

Date Received:

Inspector Assigned to Case:

Please continue Documenting Alleged Violation(s) on Page 3, if Necessary (Sign Both Pages)

AFFIDAVIT - CONTINUED

Name of Complainant/Witness:

Case #:

Date Received:

Page of .

CONTINUE DESCRIPTION OF ALLEGED VIOLATION(S) IN DETAIL.

[Empty box for description of alleged violation(s)]

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF PAGE 2 OF THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Complainant/Witness Signature:

Date: