OATH OF OFFICE

Name of elected official or appointee: _____
(Must print or type legibly)

Dutchess County Department:_____
(Print department name)

OR

City/Town or Agency:_____
(Print or type)

Term of Office

From (Date): _____ _____, 20_____
(Month) (Day) (Year)

To (Date): _____ _____, 20_____ or Indefinite ☐
(Month) (Day) (Year)

STATE OF NEW YORK
COUNTY OF DUTCHESS ss:

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of _____ according to the best of my ability.

(**Print position or title clearly)**

Signature of elected official or appointee:_____

Acknowledgment

Subscribed and sworn to before me

this _____ day of _____, 20_____
(Day) (Month) (Year)

_____
Signature of the individual taking acknowledgement

_____
Print name, title and commission information (if applicable)