



**CITY OF LAKE ALFRED  
APPOINTMENT OATH**

**STATE OF FLORIDA  
COUNTY OF POLK**

BEFORE ME, I personally appeared to the below notary and swear or affirm that the following information is true and correct.

1. I am qualifying to become a candidate for consideration for the office of City Commissioner for an at-large Seat #2 in the City of Lake Alfred vacancy appointment.
2. I have resided within the City of Lake Alfred municipal limits for not less than one (1) full calendar year immediately preceding the date of May 22, 2024. (Section 2.02 – Qualifications of the City Charter)
3. My legal address is \_\_\_\_\_, which is located within the municipal boundaries of the City of Lake Alfred, Florida and I understand that I must maintain a legal residence within the city’s municipal limits to be eligible to hold the office of city commissioner. (Section 2.02 – Qualifications of the City Charter)
4. I am a registered elector of the City of Lake Alfred, Florida. (Section 2.02 – Qualifications of the City Charter)
5. I am qualified under the Constitution and the Laws of the State of Florida to hold office to which I desire to be appointed. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned to run from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.
6. I agree to qualify and to serve in such office for which I am appointed. (Section 4.03 (d) of the City of Lake Alfred Charter).
7. I acknowledge that, during the 2023 legislative session, Senate Bill 774 (SB 774) was passed and thereafter codified at Laws of Florida 2023-09, amending §112.3144, Florida Statutes (2023), changing the financial disclosure requirements for all elected members of the municipal governing board to file the Form 6 Financial Disclosure. This requires a full disclosure of all assets, incomes, and liabilities and their associated values.

\_\_\_\_\_  
Applicant Signature

**OATH OR AFFIRMATION**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year), by \_\_\_\_\_ (name of the person making statement).

\_\_\_\_\_  
Signature of Notary Public – State of Florida

Print or Type Name of the Notary  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_