CITY OF LYNDEN

POLICE DEPARTMENT
Office of the Chief of Police
(360) 354 - 2828

Police Officer Oath of Office

I, _____ , do solemnly swear to perform my duties as Police Officer for the City of Lynden to the best of my ability; to serve the citizens of the City of Lynden with compassion, courage and integrity; and to uphold the laws and constitutions of the United States of America, the State of Washington, and the City of Lynden; so help me God.

_____

Police Officer Signature Date

_____

Mayor Signature Date

_____

Chief Steve Taylor Date