



Montgomery County Department of
Health and Human Services
Licensure and Regulatory Services
2425 Reedie Drive, 9th Floor; Wheaton, Maryland 20902
Phone: 240-777-3986 Fax: 240-777-3088

*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 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:

Street Address:

City/State:

Zip Code:

Complaint/Witness E-Mail Address:

Phone:

Name of Defendant/Violator:

Street Address:

City/State:

Zip Code:

Exact Location of Violation:

Date and time of possible violation:

DATE:

TIME:

AM:

PM:

Description of possible violation. *Describe each violation in detail. Use additional pages, 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 #

Date Received:

(REV. 8/2016)

Citation #

Inspector Assigned:



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Name of Complainant/Witness:

Page: _____ of _____.

Continued Description of possible violation. *Describe each violation in detail. Use additional pages, if necessary.*

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