

 "To Protect and Serve"	WESTPORT POLICE DEPARTMENT 50 Jesup Road Westport, CT 06880 203-341-6000	FORM # PD-19 REV 3-17
	Form Title <h2 style="text-align: center;">CREDIT CARD FORGERY AFFIDAVIT</h2>	

State of Connecticut Town of Westport
 Fairfield County SS

That I, _____, being duly sworn, depose and say:

1. That I reside at _____,
 _____ Zip Code _____.

2. That I am the person named as the applicant on the credit card application to:

(Bank or institution)

Dated ____/____/____ for credit card # _____

Expiration Date ____/____/____

3. That the signature on said application was not written by me nor did I authorize, at any time, any other person to sign my name thereto.

That I have not received the proceeds from any of the credit card transactions associated with this credit card application. Therefore, I have made this affidavit, voluntarily, for the purpose of establishing that my signature on the attached application is a forgery.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

 Notary Public/Police Officer