OATH OF OFFICE

STATE OF WASHINGTON )
COUNTY OF SNOHOMISH )

I, ______________________, do solemnly swear (or affirm) that I will support the Constitution and Laws of the United States and the Constitution and Laws of the State of Washington, and that I will faithfully and impartially perform and discharge the duties of the office of ___________________________ for ____________________________ for the term of ____________________________ term according to law to the best of my ability.

____________________________________
Signature of elected or appointed official

Note: The following can administer the oath: judges, notary publics, county auditors or deputies, city/town clerks, school officials

Subscribed and sworn to before me this _____ day of ________________, ______

________________________________________
Signature

________________________________________
Official Title

Return to: Snohomish County Auditor/Elections, 3000 Rockefeller Ave #505, Everett WA 98201
Email: elections@snoco.org Fax: 425-259-2777