OATH OF OFFICE

STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

I, _____, do solemnly swear (or affirm) that I
name
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 _____
jurisdiction or district

_____, _____ for
office position

a _____ term according to law to the best of my ability.
term length

_____
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