

CUSTOMER NOTICE AFFIDAVIT

STATE OF:

SS:

COUNTY OF:

AFFIDAVIT

I \_\_\_\_\_ (name) \_\_\_\_\_, am an authorized agent of the applicant corporation, \_\_\_\_\_ (company name) \_\_\_\_\_, and am authorized to make this statement on its behalf. I attest that customer notices accompanying this affidavit were sent to affected customers through \_\_\_\_\_ (type of notice) \_\_\_\_\_ on \_\_\_\_\_ (date/time frame) \_\_\_\_\_, in accordance with Rule 4901:1-6-16, Ohio Administrative Code. I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
(Date) (Location)

/s/ \_\_\_\_\_  
(Signature and Title) (Date)

Subscribed and sworn to before me this \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Notary Public  
My Commission Expires: