

PASCOAG UTILITY DISTRICT

AFFIDAVIT OF HANDICAP

**STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE**

I, _____ of _____,
(Print Name) (Print Address)

Rhode Island, being duly sworn, deposes and says as follows:

Residing permanently at this address is:

_____, _____,
(Print Name) (Date of Birth)

who is/is not related to me as _____, and who has a
(State relationship)

physical or mental impairment _____
(State the impairment with particularity)

which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

(Signature)

Sworn and subscribed to before me this _____ day of _____, 200_____.

NOTARY PUBLIC:
My commission expires: