



CHARLES COUNTY GOVERNMENT
Department of Fiscal & Administrative Services

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CHARLES COUNTY MARYLAND

TREASURY DIVISION
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Affidavit for Volunteer Emergency Responders Tax Credit Application

This form is to be completed by the volunteer's company's/department's LOSAP coordinator and approved and notarized by the President.

Affidavit must be submitted annually by May 1 with the application.

Volunteer's Name (Please Print): _____

Company/Department Name (Please Print): _____

Year Earned LOSAP Credit: _____

I certify under the penalty of perjury that the above volunteer earned the qualifying 50 points for 1 year of credited service for the year indicated above.

LOSAP Coordinator Name (Please Print): _____

LOSAP Coordinator's signature: _____

Date: _____

Company/Department President's Name (Please Print): _____

Company/Department President's Signature: _____

Date: _____

State of Maryland

County of _____ (or City of Baltimore), to wit:

On this ____ day of _____, 20____, before me, the undersigned officer, personally appeared _____ [name of person(s) who make acknowledgement], known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purpose therein contained.
In witness whereof, I hereunto set my hand and official seal.

[Signature of Notary Public]

[Printed Name of Notary Public]

My Commission Expires: _____

[Notary Seal]