

CITY OF NEW BRITAIN
NON-SMOKING AFFIDAVIT
POLICE

Date: _____

Name: _____

Address: _____

I _____ do hereby swear and affirm that I am
 Print Name
not now a smoker and have not been a smoker since_____.
I understand that I shall not smoke as a condition of continued employment.

I do swear that the above information is true.

Signature

Witness