



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

Subscribed and sworn to before me this _____ day of _____, _____

Signature of oath administrator

Official Title