OATH OF OFFICE

STATE OF WASHINGTON )
COUNTY OF SNOHOMISH )

I, ________________________, do solemnly swear (or affirm) that I 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 _______________________________ for ____________, for _________ term for a __________________________ term according to law to the best of my ability.

________________________________
Signature of elected or appointed official

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

________________________________
Signature of oath administrator

________________________________
Official Title