



CITY OF CHASKA  
 ONE CITY HALL PLAZA  
 CHASKA, MN 55318

phone# 952.448.9200

AFFIDAVIT

*STATE OF MINNESOTA >*

*COUNTY OF CARVER >*

\_\_\_\_\_,  
 being first duly sworn, deposed, states that (he, she) lives at

\_\_\_\_\_, Chaska, Minnesota;  
 and that (he, she) is head of the household of these premises; and  
 furthermore that (he, she) is presently receiving Retirement Benefits;  
 Retirement Survivor's Insurance; Disability Insurance under the Social  
 Security Act, 42 U.S.C. #301, as amended; or a Federal or State  
 Pension Plan.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Account Number*