LOYALTY OATH LOG

TOWN/CITY of Stratford

NAME	ADDRESS	PHONE NUMBER

I CERTIFY THE ABOVE INDIVIDUALS WERE ADMINISTERED THE "LOYALTY OATH" PURSUANT TO CONNECTICUT GENERAL STATUTE 28-12.

_____
SIGNATURE

_____ _____ _____
PRINTED NAME TITLE DATE

Original: To be kept on file with the City/Town Emergency Management Director
Copy: To be provided to the DEMHS Regional Coordinator

Department of Emergency Services and Public Protection