



CITY OF ATLANTA

DECLARATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

- 1. We are both at least 18 years of age
2. We are residents of the City of Atlanta or one of us is a City of Atlanta Employee
3. We share a mutual residence and have lived together for at least 6 months
4. We are each other's sole domestic partner
5. We are both competent to contract
6. Neither of us is married or a member of another domestic partnership
7. We agree to be jointly obligated and responsible for the necessities of life for each other
8. We agree to file termination of Domestic Partnership within 30 days if any of the above facts change

We acknowledge that the representations herein are true, correct and contain no material omissions of fact to the best of our knowledge and belief.

Form with two columns for Partner 1 and Partner 2. Fields include: Name (First, Middle, Last), City of Atlanta Employee (Yes/No), City of Atlanta Resident (Yes/No), Shared Address (Street, City, State, Zip), Phone Number, Verification Document(s) (i.e. Driver's License, Utility Bill, etc.), All Information Verified By, Applicant's Signature, NOTARY PUBLIC, NOTARY SEAL, and Date signed and notarized.

COVID-19 Pandemic Impact: Proof of application payment must be provided within (60) days of resumption of in person services at City Hall or (30) days of electronic submission. Should payment not be received, affidavit will be automatically terminated.

ACCOUNT: 1001 10050 13229003 1515000

PAYMENT: \$30