



**Employment Verification Affidavit**

The Town of Vail seeks verification of employment and total hours worked in 20\_\_\_ to verify compliance with the employee’s deed restriction.

Employee Name: \_\_\_\_\_

Employed at: \_\_\_\_\_  
Place of employment

Position held: \_\_\_\_\_

Total hours worked in calendar year: \_\_\_\_\_

Company contact email: \_\_\_\_\_

Company contact phone: \_\_\_\_\_

Further, affiant sayeth naught.

By: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

ss.

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_, 20\_\_ by \_\_\_\_\_, as \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature