UNIT HEAD AFFIDAVIT

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

I, _____, upon my oath, depose and state:

I am the _____for _____
(Title) (Facility/District/Unit)

with the Oklahoma Department of Corrections. I have reviewed the attached special report, and the facts set forth therein are complete to the best of my knowledge, and information.

_____

SUBSCRIBED and SWORN to before me, the undersigned Notary Public,

on the _____ day of _____, _____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____

Commission #: _____

(R 9/10)