

SWORN AFFIDAVIT COMPLAINING OF VIOLATION
OF LAW OR RULES AND REGULATIONS

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared _____

_____, a resident of the lawful age of majority of the Parish of

_____ State of _____ whose mailing address is

_____.

Phone _____ who, after being duly sworn, deposed and says:

This Complaint is made against _____, whose address and telephone number

is _____.

The Complaint against the aforesaid person/s is (state facts upon which claim is based; attach additional sheet, if necessary): _____

Complainant

Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____.

Notary

Return this form to:
LOUISIANA STATE BOARD OF ARCHITECTURAL EXAMINERS
9625 Fenway Avenue, Suite B
Baton Rouge, LA 70809
Telephone: 225-925-4802 Fax: 225-925-4804