TR-GR-4 (Rev 10/10)

STATE OF		
COUNTY OF) ss.)	AFFIDAVIT
(Print Name of Individual)	, being first duly	y sworn an oath, deposes and says as follows:
1. I am		
2. That the foregoing attached financial stateme of(Contractor's Legal Name)		on fully and truly set forth the financial condition day of, 20
DATED this day of	, 20	
	By _	(Signature of Individual Named Above)
All information below	w is to be complet	ed by a Notary Public.
Subscribed and Sworn to before me		
this day of	, 20	
by		
(Print Name of Individual Who Signed Abo		
(SEAL)		
State of		
My Commission (is permanent) expires		
Please print name of Notary		

If you file a reviewed financial statement with the department, this form is authorized and required under s.126.01(20), Wis. Stats. IF ANY LINE ABOVE IS EMPTY, THIS DOCUMENT IS INVALID.