

**VERIFICATION FOR IMPROPER PRACTICE PETITION**

**STATE OF NEW YORK )  
COUNTY OF ) SS.:**

\_\_\_\_\_, being duly sworn, deposes and says that I am the petitioner or its representative in this matter and that I have read this electronic submission consisting of data entered in the OCB's electronic improper practice form, this verification and any additional pages that have been attached to the electronic submission. I am familiar with the facts alleged herein, which I know to be true, except as to those matters alleged upon information and belief, which matters I believe to be true.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Subscribed and sworn to before me**

\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Signature of Notary**