

CITY OF PALM BAY OPIOID SELF-CERTIFICATION

To be completed by Agency

Name of Agency: _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

I hereby certify that I have watched the recorded August 30, 2024, presentation.

An employee of the Agency must sign below to certify the information to be eligible to apply for City of Palm Bay Opioid funds.

****This form must be witnessed.***

Printed Name

Signature

Witness #1 (MUST be different than Witness #2)

Witness #2 (MUST be different than Witness #1)

Date _____