

This letter serves to certify that _____ (Name of Applicant for Service) is a victim of domestic violence, stalking, or harassment, as defined in Section 109 of Title 43 of the Oklahoma Statutes or Section 644 of Title 21 of the Oklahoma Statutes, and therefore has demonstrated satisfactory credit for the purposes of establishing service. The requirement of initial deposit shall be waived for the above-named customer. (Only one Certifying Agency is required.)

By my signature, I certify that the following Certifying Agency has determined that, based on the information gathered at the time of intake/assessment/provision of services, the above-named Applicant reported experiences of domestic violence and was assessed to be a victim of domestic violence.

Agency Name: _____

Contact Number: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

By my signature I certify that I have personally responded to or have confirmed via internal records that an officer of the Police Department has responded to an incident occurring within the municipal boundaries of the (municipality) where the above-named Applicant was reported to be a victim of domestic violence.

Department Representative Signature: _____

Department Representative Printed Name: _____

Badge Number (if applicable) : _____

Date: _____

This form expires ninety (90) days from the date of the signature of the certifying individual.