RE: E-VERIFY PRIVATE EMPLOYER PROOF OF EXEMPTION	
We are a private employer with less than 10 employed utilizing the federal work authorization program com	
Name of Company	
Signature of Authorized Officer or Agent	Date
Printed Name of Authorized Officer or Agent	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20	
NOTARY PUBLIC	
My Commission Expires:	

TO: BEN HILL COUNTY BOARD OF COMMISSIONERS