From: First and Last Name (Not in all CAPS)

 Street Address (Not in all CAPS, no abbreviations)

City, Washington (Not in all CAPS, no abbreviations) [zip code]/TDC
Phone Number (Optional)

 Email (Optional, if you choose to send a PDF copy by email)

To: FIRST AND LAST NAME (In all CAPS)

 TITLE/POSITION OF DEPARTMENT/OFFICE

 COMPANY/GOVERNMENT AGENCY

 STREET ADDRESS

 CITY, STATE, ZIP

 PHONE NUMBER (Optional)

 EMAIL (Optional, if you choose to send a PDF copy by email)

Date: Month Day, 2021

Regarding: “COVID-19 policies”

**COURTESY NOTICE**

**READ CAREFULLY**

On Month Day, 2021, I sent to you personally, and to all your subordinates, and your or their replacements, successors, substitutes and agents, my LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS via process server (see enclosed Certificate of Proof of Service), giving you five (5) days to respond regarding any and all “Covid-19” “policies,” “directives,” “orders,” or “mandates” (such as “guidelines” for “physical distancing,” masking, testing, tracking, “status forms” or “vaccinations,” etc.).

You were noticed that you are **required to** **provide proof of your Lawful authority** (in proper compliance with governing Law pursuant to the Washington State Constitution and the Constitution for the united States of America) to enforce any health “policy,” “directive,” “order,” “mandate” or “guideline” upon me, and you were **demanded to** **cease and desist immediately** unless and until you provide proof of your Lawful authority in this matter. You were also warned that you will lose any “immunity” and you will be held **fully responsible** for any unlawful actions which violate any of my rights and **personally liable** for any damages which result from any violations. I have enclosed copies of the original LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS for your convenience.

Although I received an email from you on Day Month, 2021 in reference to "COVID-19 policies," your response was not in proper affidavit form and did not provide proof of your Lawful authority in this matter. **Consequently, your reply is insufficient and has no Lawful merit or value.** Therefore, as a courtesy, I am offering you **additional three (3) days** from your receipt of this COURTESY NOTICE to respond to my LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS. Your response must be in **affidavit form**, under your full liability, that the facts contained therein, are true, correct, complete and not misleading. It is a well-known maxim of law that truth is expressed in the form of an affidavit. Unsworn declarations are insufficient, as unsworn declarations permit lying by omission, which no honorable draft may contain.

Thank you for understanding that you have an obligation to timely respond. **“Silence” will result in your acquiescence and tacit agreement that you do NOT have lawful authority in this matter.**

**“Tacit”** is defined by ***Ballentine***’***s Law Dictionary***, Third Edition, page 1252: “*Silent; not expressed; implied;”* and by ***Bouvier***’***s Law Dictionary***, 14 Edition, Vol II, page 576: “*That which although not expressed, is understood from the nature of the thing or from the provision of the law; implied;”* and by ***Black***’***s Law Dictionary***, Fourth Edition: “*Existing, inferred, or understood without being openly expressed or stated, implied by silence or silent acquiescence, understood, implied as tacit agreement, a tacit understanding.”* See ***State v. Chadwick,*** 150 Or. 645, 47 P.2d 232, 234 (1935).

With explicit reservation of all my natural, unalienable and Constitutionally protected and secured Rights (Article 4:2:1), and any other Rights, Privileges, or Immunities that I may have, with none waived, and without prejudice.

Very Truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name, One of We the People Date

In Pro Per, In Sui Juris

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Witness signature #1 Witness signature #2

Enclosures:

LAWFUL NOTICE AND DEMAND

NOTICE OF VIOLATIONS

CERTIFICATE OF SERVICE

CC: FIRST AND LAST NAME (In all CAPS)

 TITLE/POSITION OF DEPARTMENT/OFFICE

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 STREET ADDRESS

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