

**EXHIBIT "F"**

**Plano**

**CIVIL ACTION NO. 3:07-CV-0273-M**

**DECLARATION** (18 years and older)

Pursuant to federal law (28 U.S.C. § 1746), I declare under penalty of perjury that the following is true and correct:

1. My name is \_\_\_\_\_. I am over the age of 18 and I am competent to make this declaration; I have personal knowledge of the facts contained herein; and I swear on my oath that these facts are true and correct.

2. I am a person with a mobility impairment disability, in that I use a wheelchair or scooter for mobility, or use a walker, crutches, or a cane to walk. I have attached records to this declaration showing my disability and I swear that the attached records are true and correct.

3. On or about \_\_\_\_\_ I visited the Snuffer's restaurant; or I would have visited such restaurant but for an architectural barrier I was aware existed at the Snuffer's located at Preston Road, Suite 704A, Plano, Texas 75093 and I encountered or was aware of the following architectural barrier/s at the property: [**Please briefly describe the obstacle/s you encountered or of which you were aware**]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. My mailing address is: \_\_\_\_\_.  
My telephone number is: (\_\_\_\_\_)\_\_\_\_\_.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

Signature: \_\_\_\_\_ Print name here: \_\_\_\_\_

**MAIL THIS FORM TO:**

**Snuffer's Class Administration  
1205 Lake Street, Ft. Worth, TX 76102-4501**

**For questions, call Metro 817/654-9614**

[OPTIONAL] Please send my damage award to \_\_\_\_\_, a non profit corporation, as a donation in my name.

Signature: \_\_\_\_\_