AFFIDAVIT

Name (party of the First Part):				
Utility Connection Permit Number:				
The party of the First Part, firms, or corporations who futhe work required to be per First Part and Broward Count been paid in full.	urnished labor or mate formed by the above	erial used directly Utility Connection	or indirectly in the Permit between th	prosecution of ne party of the
•				
	(signed on the	following page)		

IN WITNESS WHEREOF party of the First Part has caused its corporate name to be hereunto signed by its proper officers thereunto duly authorized.

Corporate Name:			
Signature:			
Type Name:			
Title:			
Address:			
ATTEST (not requir	red if witnessed below)		
Corporate Secretary Signature:			(CORPORATE SEAL) (not required if digitally signed by Secretary)
Typed Name:			
WITNESSES (not re	equired if attested by	Secretary above)	
Witness One Signature:		Witness Two Signature:	
Witness One Typed Name:		Witness Two	
ACKNOWLEDGE/	MENT		
County of			
,	umant was asknowledge		
	ument was acknowledged		nation Uo/aha
, officer (or agent)	-	poration on behalf of the corpor of Identification Produced:	auon. ne/ sne
-		Tuchdheadon Froduced:	
Notary Signature:			(NOTARY SEAL) (not required if digitally signed by Notary)
Type Name:			