

Partnership

**AFFIDAVIT**

Name (party of the First Part): \_\_\_\_\_

Utility Connection Permit  
Number: \_\_\_\_\_

The party of the First Part, after being first duly sworn upon oath, depose and say that all persons, firms, or corporations who furnished labor or material used directly or indirectly in the prosecution of the work required to be performed by the above Utility Connection Permit between the party of the First Part and Broward County, address 2555 West Copans Road, Pompano Beach, Florida 33069 have been paid in full.

(signed on the following page)

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

Partnership Name: \_\_\_\_\_

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

Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

WITNESSES

Witness One  
Signature: \_\_\_\_\_

Witness Two  
Signature: \_\_\_\_\_

Witness One  
Typed Name: \_\_\_\_\_

Witness Two  
Typed Name: \_\_\_\_\_

ACKNOWLEDGEMENT

State of: \_\_\_\_\_

Date: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this date by \_\_\_\_\_

, partner (or agent) of the above named partnership on behalf of the partnership. He/ she

\_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

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

(NOTARY SEAL)  
(not required if digitally signed by Notary)

Type Name: \_\_\_\_\_