CONTRACTOR'S AFFIDAVIT AND RELEASE OF LIEN

	Berore me , the undersigned authority, du	ly authorized to take acknowly	owieagments and	i administer	oatns,
	nally appearedays that:	("Contractor"), who, a	rter being first at	ily sworn, ae	eposes
iiiu sa	rys trat.				
1.	I am a licensed contractor in the State of Flo	orida doing business as			
		(name of	business),	located	at
	(mailing address).				
2.	(``Owner"), fo	or certain construction r has heretofo	elated to a p ore furnished, c	roject knov or caused	vn as to be
	furnished, labor, materials, and/ or other simprovements, as more particularly set forth		of certain water	r and sewer	utility
3.	Contractor represents that all work to be per to the water and sewer utility improvem materialmen, lienors, and potential lienors, or respect to such utility improvements have be pertaining to the labor, material, and/or oth utility improvements.	ents has been fully comp who have furnished labor, n een paid in full, or, if not, ha	leted and that a naterials, and/or ve executed part	all subcontra other service ial Waiver of	actors, es with Liens,
4.	In consideration of final payment to the Contractor, and all other previous payments paid by the Owner to the Contractor, the undersigned does hereby, for and in behalf of the Contractor, waive, release and relinquish the Contractor's right to any claim or demand or right to impose a lien or liens for work done or materials for services furnished or any other class of lien whatsoever, on any of the property owned or to be transferred for ownership to the City of Port St. Lucie, including easement and right-of-way ownership interests, on which improvements have been completed in connection with the aforementioned Contract.				
5.	Contractor represents that he has authority to execute a full and final Release of Lien for and on behalf of the Contractor.				
ire tru	Under penalties of perjury , I declare that ue.	at I have read the foregoing	g Affidavit and th	e facts state	ed in it
		Signature		-	
		Print Name		-	
STATE	E OF	Trine Name			
COUNT	TY OF				
					• "
no	The foregoing instrument was acknowledge	ged before me by means (of O physical p	oresence or	Online U
to	otarization, this day of o me or 🔾 has produced	20 by as identification.	, wiic	o is persor	ially Kilowi
lotary Seal		Signature of Notary Publi	ic		
		Printed Name	· · · · · · · · · · · · · · · · · · ·		
		Notary Public, State of F	lorida		
		M. Carrett F. T.			
		My Commission Expires:			

Effective Date: 04/18/22 PSLUSD Doc No 130