CITY OF PUNTA GORDA
QUALIFIER'S AFFIDAVIT

QUALIFIER'S PRINTED NAME:_____
DBA (If applicable):_____
JOB ADDRESS:_____
PERMIT #:_____

I hereby certify that all documents for the above named job requiring my signature, contain my original signature, none are photo copies or stamps, and no one else has signed or will sign in my place.

_____
Signature of Qualifier

_____
Date Signed

STATE OF_____

COUNTY OF_____

The foregoing instrument was acknowledged before me this ____ day of _____, 20___, by _____, who is personally known to me or who has produced _____, as identification, who did/did not take an oath.

_____
Signature Notary Public

SEAL

_____
Date