| STATE OF | |
|------------------|--|
| COUNTY OF | |

AFFIDAVIT

| BEFORE ME, the undersigned authority, personally appeared, who |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| after being by me first duly sworn, says: |
| 1. I am over the age of 18 years, sui juris, competent to testify and have personal knowledge of the facts contained herein. |
| 2. I am the []owner []renter of the property located at: |
| 3. I hereby acknowledge that I have had a water leak at the property described above and that the leak was repaired by me effective the day of, 20 |
| 4. Any costs associated with the repair of the water leak have been paid or will be paid by me. |
| 5. I hereby release the City of Port St. Joe from any liability as a result of said water leak. I agree to indemnify the City for any costs, including court costs and attorney's fees, incurred by the City as a result of said water leak. |
| FURTHER AFFIANT SAYETH NOT. |
| Dated this day of, 20 |
| Affiant |
| STATE OF COUNTY OF |
| COUNTY OF |
| I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he/she/they executed the same that I relied upon the following form(s) of identification of the above-named persons: [] personally known or [] produced a valid driver's license. |
| Witness my hand and official seal in the County and State last aforesaid this day of |
| Notary Public State of |
| My Commission Expires: |