

**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