| PROJECT NAME:  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| DATE:  |  |  |  |  |  |  |  |  |
| SECTION A: AFFIDAVIT   |  |  |  |  |  |  |  |  |
| DEVELOPER'S AFFIDAVIT  |  |  |  |  |  |  |  |  |
| State of §:<br>County of   |  |  |  |  |  |  |  |  |
| personally appeared or duly authorized representati according to the law, deposes a claims and indebtedness of w | Notary Public in and for said County and State,(Individual, Partner, ive of the corporation), who being duly sworn and says that all labor, material, and outstanding natever nature arising out of the sewer and/or ove project, including any and all claims of sub- ll. |  |  |  |  |  |  |  |
|  | (Individual, Partner, or Duly Authorized Representative of Corporate Contractor)   |  |  |  |  |  |  |  |
| SECTION B: ACKNOWLEDGEMENT   | OF CONTRACTOR  |  |  |  |  |  |  |  |
| <u>IF A CORPORATION</u>  |  |  |  |  |  |  |  |  |
| State of § County of   |  |  |  |  |  |  |  |  |
| On this day of<br>came and appeared<br>known and who, being duly swo   | 20, before me personally, to me rn, did depose and say that he resides at  |  |  |  |  |  |  |  |
| knows the seal of said corpo   |  |  |  |  |  |  |  |  |

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## ---IF A LIMITED LIABILITY COMPANY---

| State of<br>County of   | §                    |             |          |                  |                      |              |                                   |  |  |
|---|----------------------|-------------|----------|------------------|----------------------|--------------|-----------------------------------|--|--|
| On this<br>came and appeared<br>known and who, bei              | day of<br>ng duly sw | orn, did d  | epose a  | 20,<br>and say t | before<br>that he re | me<br>esides | personally, to me at              |  |  |
| Member or duly auth<br>and which executed<br>this acknowledgeme | the forego           | ing instrui | ment; th | nat he ha        | as full aut          | thority      |                                   |  |  |
|   |                      |             |          | (\$              | Seal)                |              |                                   |  |  |
|   | <u>l</u>             | IF A PAR    | <u> </u> | <u>HIP</u>       |                      |              |                                   |  |  |
| State of County of:   | §:                   |             |          |                  |                      |              |                                   |  |  |
| On this<br>came and appeared<br>known and known to              | day of               | one of the  | memb     | 20,<br>ers of th | before<br>e firm of  | me           | personally<br>, to me             |  |  |
| foregoing instrumen   |                      |             |          |                  |                      | o ex         | ecuted the                        |  |  |
|   |                      |             |          | (5               | Seal)                |              |                                   |  |  |
| <u>IF AN INDIVIDUAL</u>   |                      |             |          |                  |                      |              |                                   |  |  |
| State of:<br>County of:   | §:                   |             |          |                  |                      |              |                                   |  |  |
| On thiscame and appeared  | day of               |             |          | 20,              |                      |              | personally<br>, to me<br>nown and |  |  |
| known to be the per<br>and acknowledged t                       |                      |             |          | executed         |                      |              |                                   |  |  |
|   |                      |             |          | (5               | Seal)                |              |                                   |  |  |

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