

**CONTRACTOR'S AFFIDAVIT OF  
PAYMENT OF DEBTS AND CLAIMS**

The undersigned hereby certifies that except as noted below all bills for labor, services and materials furnished by the CONTRACTOR and all suppliers and/or subcontractors of the CONTRACTOR under and pursuant to the provisions of the Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the Hillsborough County Board of County Commissioners (COUNTY) and \_\_\_\_\_ (CONTRACTOR) concerning that \_\_\_\_\_ certain \_\_\_\_\_ project \_\_\_\_\_ designated \_\_\_\_\_ as \_\_\_\_\_ have been paid in full or otherwise satisfied including all known indebtedness and all claims for damages against said CONTRACTOR arising in any manner in connection with the performance of the Agreement referenced above for which the COUNTY might in any way be held responsible.

Exceptions: \_\_\_\_\_ (If none, write "None".)

\_\_\_\_\_ (If yes, write "Yes" and attach list.)

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**CONTRACTOR:**

**BY:** \_\_\_\_\_

\_\_\_\_\_  
Title

**STATE OF FLORIDA**

**COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or  
☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_,  
(Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification

Type of Identification Produced \_\_\_\_\_