



CONTRACTOR'S FINAL PAYMENT AFFIDAVIT

State of Florida
County of Marion

City of Ocala Contract Number: _____

Before me, the undersigned authority, personally appeared _____,
[name of person executing affidavit]
and deposes their personal knowledge of the following:

1. Affiant is the owner/principal of _____,
[name of business]
which does business in the State of Florida, hereinafter referred to as the "Contractor." Affiant is a fully authorized representative of Contractor, empowered to execute a full and final release of lien for Contractor and to otherwise bind Contractor as stated herein.

2. Contractor, pursuant to the contract with _____,
[name of Owner contract is with]
hereinafter referred to as the "Owner," has furnished or caused to be furnished labor, materials, and services for the construction of certain improvements to real property as set forth in said contract.

3. This affidavit is executed by the Contractor in accordance with section [713.06](#) of the Florida Statutes for the purposes of obtaining final payment from the Owner in the amount of \$ _____.
[amount of money owed to you]

4. All work to be performed under the contract has been fully completed, and all subcontractors and suppliers under this contract have been paid in full, except the following listed lienors:

NAME OF LIENOR (SUBCONTRACTOR & SUPPLIER OWED MONEY)	AMOUNT DUE
	\$
	\$
	\$

[LIST NAMES OF ALL LIENORS (SUBCONTRACTORS & SUPPLIERS) STILL OWED MONEY BY YOU UNDER THIS CONTRACT]

Affiant/Prime Contractor Signature

Date

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, on _____,
[notary date] by _____,
[name of person executing affidavit] an authorized representative of Contractor.

Notary: Check one of the following:

- Personally known OR
- Produced Identification (if this box is checked, complete below).

Type of Identification Produced:

Notary Public, State of Florida

Name: _____
(Please print or type)

Commission Number: _____

Commission Expires: _____