This instrument prepared by:
Herbert W.A. Thiele, Esq., County Attorney
Leon County Attorney's Office
301 South Monroe Street, Suite 202
Tallahassee, Florida 32301

AFFIDAVIT OF ROOFING CONTRACTOR

STATE OF FLORIDA
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared _____ (hereinafter referred to as the "Affiant"), whose mailing address is _____, and who, being duly sworn, deposes and says as follows:

1. The Affiant is over the age of 18 years.
2. The Affiant has personal knowledge of the facts contained herein.
3. The Affiant is employed as _____ (title or position) at _____ (company name), which has a mailing address of _____.
   (Address of company)
4. The Affiant is a roofing contractor duly licensed in the State of Florida.
5. The Affiant performed roof construction work on the structure located at _____; Permit Number _____.
   (Address of structure)
6. In performing the roof construction work, the Affiant certifies that the Affiant complied with the regulations required by the Florida Building Commission, which are more particularly set forth in the manual prepared by the Florida Building Commission entitled "Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures," as may be amended. Affiant's roofing contractor license number _____.

FURTHER AFFIANT SAYETH NOT.

DATED: _____

_____
(Affiant's Signature)

_____
(Printed Name of Affiant)

The foregoing instrument was acknowledged before me this ____ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

_____
SEAL NOTARY PUBLIC