



CONTRACTOR'S PARTIAL AFFIDAVIT

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Before me, the undersigned authority, personally appeared _____, who did not take an oath:

1. Affiant is (circle one: a Florida corporation/an individual) doing business as _____, hereafter called "contractor."
2. Contractor entered into a contract on _____, 201____, with _____, the homeowner, to furnish material, labor, and services for _____ repairs as specifically described in the contract, on the property of the owner located at _____, Indian River County, Florida, the legal description of which is noted in the applicant's file.
3. Contractor has completed all work under the contract, and all individuals, firms or corporations furnishing material, labor, or services under the contract have been paid in full except for the following:

Name:	Address:	Amount:
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4. Receipt by contractor of the partial payment from owner in the amount of \$_____ shall constitute a partial release and discharge of all claims or liens of contractor against owner connected with performance of the contract.
5. Contractor agrees to indemnify owner from all costs and expenses, including reasonable attorney's fees, resulting from individuals, firms, or corporations who claim to have not been paid for material, labor, or services furnished under the contract.
6. Affiant has full authority to execute this affidavit and a partial release of lien (on behalf of contractor).

Witness:

(Contractor's Signature)

Signature: _____

Printed Name: _____

Address: _____

(Contractor's Printed Name)

(If Contractor is represented by an agent:)

Witness:

Signature: _____
Printed Name: _____
Address: _____

By _____
(Agent's Signature)

(Agent's Printed Name)

(Agent's Title)

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me by _____ who identified this instrument as Contractor's Partial Affidavit, and who signed the instrument willingly.

I hereby certify that on this _____ day of _____, 201____, personally appeared _____, who is personally known to me or who has produced his/her _____ as identification and who did not take an oath.

(SEAL)

NOTARY PUBLIC:

Sign: _____
Print Name: _____
Commission No.: _____
Commission Expiration: _____

Revised: Friday, March 01, 2019

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