

# CONTRACTOR'S FINAL PAYMENT AFFIDAVIT

STATE OF  
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ who, after being duly sworn deposes and says of her personal knowledge the following

- 1.) HE OR SHE IS THE \_\_\_\_\_ OF \_\_\_\_\_, WHICH DOES  
Title of Affiant Name of Contractors Business  
BUSINESS IN FLORIDA HEREINAFTER REFERRED TO AS THE "CONTRACTOR."
- 2.) CONTRACTOR, PURSUANT TO A CONTRACT WITH \_\_\_\_\_, HEREINAFTER REFERRED  
Name of Owner  
TO AS THE "OWNER" HAS FURNISHED LABOR, MATERIALS, AND SERVICES FOR THE CERTAIN  
IMPROVEMENTS TO REAL PROPERTY.
- 3.) THIS AFFIDAVIT IS EXECUTED BY THE CONTRACTOR IN ACCORDANCE WITH SECTION 713.06  
FLORIDA STATUTES FOR THE PURPOSES OF OBTAINING FINAL PAYMENT FROM THE OWNER IN THE  
AMOUNT OF \$ \_\_\_\_\_ PLUS INTEREST.
- 4.) ALL WORK TO BE PERFORMED UNDER THE CONTRACT HAS BEEN FULLY COMPLETED, AND ALL  
LIENORS UNDER THE DIRECT CONTRACT HAVE PAID IN FULL, EXCEPT THE FOLLOWING LISTED  
LIENORS:

NAME OF LIENOR \_\_\_\_\_ AMOUNT DUE \$ \_\_\_\_\_.

BY

\_\_\_\_\_  
(NAME OF AFFIANT)

\_\_\_\_\_  
(TITLE OF AFFIANT)

\_\_\_\_\_  
(NAME OF CONTRACTOR'S BUSINESS)

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_ day of \_\_\_\_\_, 200\_\_,  
by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as  
identification, and did take an oath.

\_\_\_\_\_  
(NAME OF NOTARY PUBLIC)

SEAL WITH DATE OF COMMISSION EXPIRATION: