



Safety Awareness for Everyone (S.A.F.E) Program

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned personally appeared:

(Print Name) _____, who duly sworn, upon oath, deposes and says:

That he/she is the owner, or duly authorized representative of the owner, of certain property located at:

_____ (Address)

_____ (Legal Description)

That _____ (Applicant) operates or intends to operate a business at the above location.

That the Applicant and his contractors or agents have permission to implement the improvements listed of the S.A.F.E Program (the "Application") dated _____.

By signing this Affidavit, I hereby waive any claim against the City of Orlando (the "City") or the Community Redevelopment Agency (the "CRA") arising out of the use of said grant funds for the purposes set forth in the Application. I further agree to hold the City and CRA harmless for any charges, damages, claims, or liens arising out of the Applicant's participation in the DCRBIP Program.

FURTHER AFFIANT SAVETH NOT.

Signature of Affiant

Title if Affiant is acting on behalf of a corporation, LLC, or partnership

STATE OF _____

COUNTY OF _____

Sworn to and Subscribed before me this _____ day of _____, 20____, by _____, who is the owner, or a duly authorized representative of the owner, of the above-referenced property, and who is personally known to me or has produced _____, as identification.

Notary Public

My Commission Expires: _____

[NOTARY STAMP]