



AFFIDAVIT

Gentlemen:

The undersigned states that he/she is _____ of the
(Title of Officer)

_____ and certifies that as of this date _____, 20____,
(Contractor/ Principal of Bond)

_____ has completed the contract for _____
(Contractor/ Principal)

_____ and that all subcontractors and

material suppliers have been paid in full and that he or she is not aware of circumstances which might be the
basis of a claim under the bond(s) capacity described below:

Contract for: _____

Contract date: _____

Bond number: _____

By: _____

Subscribed and sworn to before this _____ day of _____, 20____.

(Notary Public)

My Commission Expires _____

