PURSUANT TO SECTION 713.06(3), FLORIDA STATUTES

TO: SCHOOL BOARD OF VOLUSIA COUNTY FLORIDA

The undersigned, as Contractor, has heretofore, on the       day of      , in the year      , been awarded a contract by you, as Owner, to furnish all of the materials and labor in the construction project entitled *(Facility Name)*      , *(Address)*      , *(Project Name)*      ,*(VCS Project No.)*      , for the final contract price of       ($     ) in accordance with plans and specifications therefore, as prepared by      , .

The said project has been completed and the contract and plans therefore fully complied with, and all of the contract price has been paid by you, except the final payment thereon, which is now due, but is being withheld until a sworn statement is furnished as required by law, showing whether there are any unpaid and outstanding bills in connection with said building.

That the undersigned hereby certified, under oath, that all lienors contracting directly with or directly employed by the undersigned, on said contract, have been paid in full, and further certified, under oath, that there are no outstanding or unpaid bills for labor performed or materials furnished in connections with said work or improvements.

That this sworn statement is furnished by the Contractor to the Owner pursuant to Section 713.06(3), Florida Statutes.

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| IN WITNESS WHEREOF, |  |
| the undersigned has hereunto set his hand and seal this |  | day of |  | , |  |
| Witnessed by: |  |  |  |
|  |  |  | *(SEAL)* |
| *(Witness Signature)* |  | *(Contractor Signature)* |  |
|       |  |       |  |
| *(Print or Type Name, Title)* |  | *(Print or Type Name, Title)* |  |

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| STATE OF FLORIDA, COUNTY OF VOLUSIA |
| Before me, the undersigned authority, personally appeared  |       |
| to me well-known and known to me to be the person described in and who executed the foregoing instrument, and he acknowledged before me that he executed the same. |
| IN WITNESS WHEREOF, I have hereunto set my hand and official seal this |
|  | day of |  | , |  |  |
| *(Notary Seal)* |  |
| My commission expires: | Notary Public, State of Florida |
|       |  |       |
| *(Date)* |  | *(Print, type or stamp name of notary public)* |
| [ ]  | Personally known to me | [ ]  Produced ID |       |
|  | *(Type of ID, if applicable)* |