

## **DTO Facade Program**

STATE OF FLORIDA COUNTY OF ORANGE			
Before me, the undersigned personally appeared:			
(Print Name)		, who duly sworn, upon oath, depo	oses and says:
That he/she is the owner, or duly authorized repre		vner, of certain property located at:	(Address
		(Le	gal Descrption
That(App	olicant) operates or	intends to operate a business at the a	above location
That the Applicant and his contractors or agents he Facade Program (the "Application") dated			n the DTO
By signing this Affidavit, I hereby waive any claim Redevelopment Agency (the "CRA") arising out of Application. I further agree to hold the City and CR Applicant's participation in the DTO Facade Progr	the use of said gra RA harmless for any	int funds for the purposes set forth in t	the
FURTHER AFFIANT SAVETH NOT.			
Signature of Affiant			
Title if Affiant is acting on behalf of a corporation,	LLC, or partnership	0	
STATE OF			
COUNTY OF			
Sworn to and Subscribed before me this the owner, or a duly authorized representative of t known to me or has produced	the owner, of the ab	pove-referenced property, and who is p	
Notary Public			
My Commission Expires:			
[NOTARY STAMP]			