

Partnership Format

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned officer authorized to administer oaths, on this day personally appeared \_\_\_\_\_ [Title] of \_\_\_\_\_ [Name of Entity], a partnership organized and existing under the laws of the State of \_\_\_\_\_ [State], who upon being duly sworn, deposes and says:

1. The undersigned is over the age of 18 years, understands the obligations of an oath, and has personal knowledge of the facts stated herein the Collier County Annual Monitoring Report.
2. The undersigned is a partner of the \_\_\_\_\_ - [name of partnership].

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Name, Partner

\_\_\_\_\_  
Name of Partnership

The foregoing instrument was sworn to, subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) by \_\_\_\_\_ (name) who is personally known to me or has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_