

AFFIDAVIT OF CERTIFICATION

I, _____ the undersigned, swear and affirm the
(Please print full name)
following in connection with Lee County check number _____:

The undersigned, if acting on behalf of him or herself or a corporation for which he or she is an officer, is the payee as named on the check, copy of legally acceptable identification and verification as a payee on behalf of the corporation attached.

The undersigned, if acting on behalf of another person, is authorized by a duly executed power of attorney or court decree, copy of which is attached.

The payee named on said check never presented it for payment nor any other Lee County check for the same refund, reimbursement, purchase of goods, or provision of services.

Signature

Payee Current Mailing Address

Payee Current Telephone Number

The above personally appeared before me, identified him or herself and produced
_____ as identification or is personally known to me and
signed this Affidavit of Certification in my presence on this _____ day of
_____ 20_____.

State of _____

County of _____

My Commission expires _____

Commission Number _____

Signature of Notary Public

NOTARY SEAL/STAMP

Notary's Name, Printed, Stamped or Typed