

GENERAL AFFIDAVIT

State of Florida

County of \_\_\_\_\_

BEFORE ME, the undersigned Notary,  
\_\_\_\_\_  
[name of Notary  
before whom affidavit is sworn], on this \_\_\_\_\_  
[day of month] day of  
\_\_\_\_\_  
[month], 20\_\_\_\_, personally appeared  
\_\_\_\_\_  
[name of affiant],  
known to me to be a credible person and of lawful age, who being by me first duly  
sworn, on \_\_\_\_\_  
[his or her] oath, deposes and says:

The municipal parking fines funds reimbursed shall be used to improve accessibility and equal opportunity to qualified persons who have disabilities in the municipality and to conduct public awareness programs in the municipality concerning persons who have disabilities.

If only a portion of the project or program is being promoted to benefit people with disabilities, then only that portion of the project or program will be funded with these monies.

The municipality shall return funds to the Clerk of the Board if the project is not successfully completed and shall allow the Miami-Dade County Office of ADA Coordination to audit projects and conduct site visits. Any such audits or inspections shall be conducted in such manner and at such times so as not to unreasonably interfere with the day-to-day operation of the parties.

[set forth affiant's statement of facts]

\_\_\_\_\_  
[signature of affiant]

\_\_\_\_\_  
*[typed name of affiant]*

\_\_\_\_\_  
*[address of affiant, line 1]*

\_\_\_\_\_  
*[address of affiant, line 2]*

**State of Florida**

**County of** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ (year), by \_\_\_\_\_ (name of person making  
statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_