



**OWNER AFFIDAVIT  
(Authorizing Agent for Lien Reduction)**

**NAME OF OWNER:** \_\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLIO NUMBER:** \_\_\_\_\_

I do certify that, as an Owner, I understand and acknowledge the following:

1) I am personally responsible for knowledge of all applicable laws and regulations. While I have designated the party below to act as my authorized Agent for purposes of negotiating a lien reduction, as per Ordinance No. 11-01 of the Town of Cutler Bay for the residential/commercial (circle one or both) property located at \_\_\_\_\_. As the designated agent he/she will file all applicable documents and application required by the Town of Cutler Bay, and shall be responsible for the financial costs associated with processing the potential lien reduction. The fees associated with the lien reduction, including attorney fees must be paid regardless of the outcome of the Special Magistrate decision.

2) I hereby designate \_\_\_\_\_ as my Agent for purposes of processing my application and negotiating the lien reduction.

X \_\_\_\_\_

\_\_\_\_\_ (Print Name)

Signature of Owner Print Name

**STATE OF FLORIDA COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

By (SEAL)

Personally know or I.D.

