



City of Key Colony Beach

Building Department

Contractor Letter of Intent Sign-Off

Contractor Signing Off _____

Contractor Phone Number _____

Project Number _____ Project Name _____

Project Address _____

Real Estate Number _____

I, the undersigned, request to be removed as the contractor of record and release liability for the project listed above:

Print Name of Qualifier

Date

Signature of Qualifier

State of Florida

County of _____

Sworn to (or affirmed) before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, by _____, and in the presence of these witnesses:

Signature of Notary- State of FL

Print, type or stamp Commissioned Name of Notary Public

Personally known OR Produced Identification

Type of Identification produced _____

Provide the above information by 1) Bringing it directly to City Hall (notary services are available),
2) Mailing it to the address listed below, or 3) Email to buildingassistant@keycolonybeach.net

Note: Form must be notarized prior to mailing or emailing.