

Place received stamp here

Permit and Licensing Division
 City of Daytona Beach
 Post Office Box 2451, Daytona Beach, Florida 32115-2451
 webpermitapps@codb.us
Affidavit For Trust Account

Phone (386) 671-8140
 Fax (386) 671-3148

Date _____

Contractor _____ Phone _____ Fax _____
 (Exact name listed with the County)

Email _____

Address _____ City _____ State _____ Zip _____

Contractors License No. _____

By signing this affidavit, the contractor understands and acknowledges that the Trust Account is a non-interest bearing account. Listed below are the names of the qualifying agents allowed to access the account. Any changes to this list will require a new affidavit.

Name _____ Phone _____ Fax _____

Contractor (print) _____

STATE OF FLORIDA – COUNTY OF VOLUSIA Signature _____

Sworn to and subscribed this _____ day of _____ 20 _____ by _____

Who is personally known to me (check if true) **OR** has produced _____

Notary Public, State of Florida

place Notary seal here