



Community Development Department

Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 / Fax: 941.743.1598

www.CharlotteCountyFL.gov

Affidavit of Water Service for Residence

Owners Name: _____

Property Address: _____

The undersigned applicant, being first duly sworn, hereby deposes and says that I am the owner, attorney, attorney-in-fact, agent, contractor, lessee or representative of the owners of the majority of the property described above, and I attest to the fact that the above-described property does not have any type of well located anywhere on the property. I hereby declare, under penalty of perjury, under the laws of the State of Florida, that the foregoing statement is true and correct.

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Printed Name of Notary

Signature of Owner

Signature of Notary

Address of Owner

Commission Number

Phone Number

(Return completed form to the Zoning Office)