

# FLORIDA FINAL RELEASE AND AFFIDAVIT

Pay Request # \_\_\_\_\_ Hoar's Subcontractor Name: \_\_\_\_\_

Period Ending \_\_\_\_\_

**WHEREAS,** \_\_\_\_\_ (Subcontractor/  
(Insert Name of Subcontractor/Supplier)  
Supplier) has been employed under Contract or Order Number \_\_\_\_\_  
("Contract") to furnish \_\_\_\_\_  
(Briefly Describe the Nature of Work)  
("Work") for the Premises known as \_\_\_\_\_ ("Premises").  
(Insert Name and City/State Location of Job)

## **FINAL RELEASE AND AFFIDAVIT (EXCEPTING LIEN RIGHTS):**

**NOW, THEREFORE,** in consideration of \$ \_\_\_\_\_ \* which represents the full, complete and final payment for the Work, the Subcontractor/Supplier does hereby:

1. Release, remise and forever discharge Hoar Construction, LLC ("Hoar") and the Owner of the Premises of their successors or assigns, from any and all claims, demands and causes of action which the Subcontractor/Supplier has, might have or could have against Hoar or Owner by reason of, or arising out of the Work, **except for all liens or rights to lien the Premises.**

2. Agree to indemnify and save harmless Hoar and the Owner of the Premises on account of any claims or demands which may be asserted by any employee, supplier or subcontractor of the Subcontractor/Supplier on account of labor performed or material furnished by such person to the Subcontractor/Supplier in connection with the Work, **except for all liens or rights to lien the Premises.**

## **WAIVER AND RELEASE OF LIEN UPON FINAL PAYMENT**

The undersigned lienor, in consideration of the final payment in the amount of \$ \_\_\_\_\_ \*, hereby waives and releases its lien and right to claim a lien for labor, service or materials furnished to \_\_\_\_\_ on the job of \_\_\_\_\_  
Name of Customer Name of Owner of Property  
to the following described property, including city/state location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Company Date

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Witness (Corporate Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Notary Public, State of \_\_\_\_\_ At Large:  
\_\_\_\_\_

My Commission Expires:  
(Notary Seal)

\*In this blank enter the final payment amount due you OR if no further payment is due you, enter "PREVIOUSLY PAID IN FULL".