



AFFIDAVIT OF NO RENTAL COMPENSATION

STATE OF FLORIDA)
)SS.
COUNTY OF BROWARD)

Before me, the undersigned authority, personally appeared _____ having
(Print Name)
been duly cautioned and sworn deposes and states:

I am the owner of the Property Address of: _____

Parcel Number: _____

I receive No Rental or Dwelling compensation of any kind for the Property listed above.

I hereby affirm that all information contained herein is true and complete to the best of my knowledge.

Date _____

Acknowledger's Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, the undersigned notary public, this ____ day of _____ 20 ____,
by _____
(Name of Acknowledger)

Notary Public, State of Florida

NOTARY PUBLIC SEAL OF OFFICE:

† Personally known to me
† Produced Identification:

My Commission Expires:

Community Development Department
Attn: Residential Rental Business
701 SW 71st Ave
North Lauderdale, FL 33068

CONTACT: Mark Bridgepaul (Rental Inspector)
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FAX: (954) 597-4850
E-MAIL: mbridgepaul@nlauderdale.org