

**APPENDIX C**

**FINAL WAIVER OF LIENS -**  
**CONVEYANCE OF UTILITY FACILITIES**  
**TO COUNTY**

**FINAL WAIVER OF LIENS -  
CONVEYANCE OF UTILITY FACILITIES TO COUNTY**

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration in the amount of \$\_\_\_\_\_ lawful money of United States of America, to me in hand paid, the receipt whereof of which is hereby acknowledged, does hereby waive, release, remiss and relinquish any and all right to claim any lien(s) for work performed and/or for material furnished, and/or for any claim whatsoever with regard to utility facilities constructed in, over or under the below-described real property. The undersigned certifies to the County that the undersigned has all requisite authority to execute this Waiver for all intended purposes.

Every individual who, and each entity that, pursuant to the undersigned's agreement with regard to the subject utility facilities, has supplied or furnished service(s), labor, material(s) and/or supplies used in installation, construction, maintenance, repair, location, relocation, or otherwise, with regard to utility facilities thereby located in, on or over the real property described below, have been paid in full (or have been adequately bonded) whereby as to all such services, labor, materials and/or supplies there exist no claim(s) from any such individual or entity that will affect conveyance of good and marketable title to the utility facilities to Collier County and/or to the Collier County Water-Sewer District.

Legal description of the site where the subject utility facilities have been constructed or installed is \_\_\_\_\_  
\_\_\_\_\_.

Signed: \_\_\_\_\_  
Printed (or typed) Name

STATE OF FLORIDA )  
COLLIER COUNTY )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_, who is personally known to me OR who provided identification Type of identification produced: \_\_\_\_\_.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_  
Notary Public, State of Florida