



## AFFIDAVIT

The affiant, \_\_\_\_\_  
(Company Representative)

\_\_\_\_\_  
(Company Name)

being duly sworn, states that he is the contractor \_\_\_\_\_  
(for construction, demolition, renovation, restoration, material, etc.)

\_\_\_\_\_  
(Name and location of the project as described by your contract)

Designated as Contract Number \_\_\_\_\_ by the Department for Facilities Management of the Commonwealth of Kentucky, that said contract, including all changes and additions thereto, has been completed in accordance with the plans and specifications approved by the Division of Engineering, that he will accept as full and final settlement payment in the amount of \$ \_\_\_\_\_ which is based on Final Invoice No. \_\_\_\_\_. And that he hereby releases the Commonwealth of Kentucky from any further liability concerning said contract.

\*The affiant further states that there are no unpaid bills for labor, materials, supplies, or equipment used in the execution and completion of said project, that no lien for any such labor, material, supplies, or expendable equipment has been filed according to law, (or if any such lien has been filed, it has now been released); and there is no such claim, actual or alleged, known to this affiant.

The affiant further states that said company has no claim for any delay or damage whatsoever in connection with said contract.

The affiant understands that nothing embraced herein shall be construed to release the contractor from liability for the payment of any claims incurred for labor, materials supplies, or equipment used of furnished for the use in the performance of the aforesaid contract, or from liability for damages, if any, resulting from the wrongful or negligent acts of the contractor in the performance of the aforesaid contract; and the contractor agrees to hold the Commonwealth of Kentucky and its agents and officials harmless from any and all claims of any nature whatsoever.

Witness my hand, this the \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year)

By \_\_\_\_\_  
(Signature of Authorized Agent)

State of Kentucky )  
)  
County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ on  
The \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_