

The Applicant or Attorney in Fact for the Applicant declares or affirms that:

- The property upon which a vacation action is being requested is not subject to any delinquent or unpaid ad valorem taxes, special assessments, or other improvement liens.
- No portion of the property to be vacated constitutes or was acquired for a state or federal highway, nor will the vacation of said property deprive any entity of its legal rights, as a property owner, in adjacent or nearby properties.
- Applicant understands that the Manatee County, and its Board of County Commissioners, reviewing agencies, and its employees or agents will not assume responsibility or liability for any matter that is the responsibility of the Applicant.
- In filing an application, the Applicant specifically consents to the physical inspection of the properties described herein, the validating of the information attached hereto, and the providing of such additional information as may be deemed necessary to assist the Board of County Commissioners in its consideration of and acting upon the requested action.
- Applicant releases Manatee County from any and all claims or damages that may result from the existence of an encroachment in the proposed area to be vacated.
- Applicant understands a vacation of public property may affect substantial interests in real property and other proprietary rights.
- Applicant will assume full and complete responsibility for compliance with the requirements of law and all procedures arising out of any vacation proceedings instituted by or on behalf of the Applicant.
- Applicant understands that the application fee and any associated advertising costs are not refundable in the event the application is withdrawn, canceled or denied.
- The undersigned, having been duly sworn, deposes and says that it has read the foregoing application and attachments thereto, knows the contents thereof, and that the matters and information set forth therein are true and correct.

**SIGNATURE PAGE AND ACKNOWLEDGEMENT FOLLOW ON NEXT PAGE.**

**WITNESSES:**

An Applicant may not act as a Witness for another Applicant.

\_\_\_\_\_  
First Witness Signature

\_\_\_\_\_  
First Witness Printed Name

\_\_\_\_\_  
Second Witness Signature

\_\_\_\_\_  
Second Witness Printed Name

Two Witnesses for each Applicant are required.

\_\_\_\_\_  
First Witness Signature

\_\_\_\_\_  
First Witness Printed Name

\_\_\_\_\_  
Second Witness Signature

\_\_\_\_\_  
Second Witness Printed Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, a Notary Public, the foregoing instrument was acknowledged by means of

☐ physical presence or

☐ online notarization

this \_\_\_\_\_ day of \_\_\_\_\_, 2025, by \_\_\_\_\_,  
\_\_\_\_\_ who

☐ is personally known to me or

☐ has produced \_\_\_\_\_ as identification.

[CHECK APPLICABLE BOXES TO SATISFY IDENTIFICATION REQUIREMENT OF  
SECTION 117.05, FLORIDA STATUTES]

\_\_\_\_\_  
Signature of Notary Public  
(Legibly print, type, or stamp commissioned name of  
Notary Public and affix official notary seal below.)

**APPLICANT:**

\_\_\_\_\_  
Enter name if other than an individual  
person or persons

\_\_\_\_\_  
Signature of Applicant or Authorized  
Individual (see note below)

\_\_\_\_\_  
Printed Name (Include title of authorized  
individual, if applicable)

NOTE: Only an authorized individual (e.g.,  
officer, general partner, manager) may sign  
on behalf of an entity other than an  
individual or persons. The title of the signing  
individual and entity's state of registry must  
be identified above.

\_\_\_\_\_  
Applicant's Representative Signature

\_\_\_\_\_  
Printed Name

**Print and include additional signature  
pages as needed.**

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