AFFIDAVIT OF OWNERSHIP

STATE OF FLORIDA
COUNTY OF Clay County Elections Office

I HEREBY CERTIFY that on this day before me, the undersigned notary public or Deputy Supervisor of Elections, authorized in the State and County named above to administer oaths, personally appeared _____ who, in compliance with the requirements of Section 189.4051(1)(a) and 100.241 Florida Statutes, having been duly sworn, deposes and says that:

1. I am a registered voter in Clay County, Florida.
2. I am a resident within the Lake Asbury Municipal Service Benefit District.
3. I am the freeholder (property owner or owner of certain beneficial interests of land in the District) described as follows:
   Street Address:_____; **OR**,

   Legal Description: Lot_____, Block_____, Unit _____; **OR**,

   Location of Property:_____
4. I give this information freely and voluntarily, and I further understand that if I have intentionally provided false information, I may be guilty of election fraud in accordance with the laws of the State of Florida.

Dated this_____ day of _____, 20___.

_____
Affiant's Signature

_____
Printed Name

State of Florida
County of Clay

I HEREBY CERTIFY that on this day before me, an officer duly qualified to administer oaths, personally appeared_____☐ who is personally known to me or ☐ who produced _____ as identification and who did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this _____ day of _____, 20___.

_____
Notary Public

_____
Printed Name

Commission No.:_____
(SEAL) Expiration Date:_____

OR

_____
Deputy Supervisor of Elections
Clay County, Florida
Name:_____