



# City of Cooper City Affidavit of Inventory

STATE OF FLORIDA, COUNTY OF BROWARD}

Tax Receipt #: \_\_\_\_\_

Before me, the undersigned authority, personally appeared

\_\_\_\_\_  
To me known and known to be the person executing this affidavit and states as follows:

1. Name of Business: \_\_\_\_\_

2. Located At: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. That he/she is the \_\_\_\_\_  
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes this Affidavit of His/Her personal knowledge.

4. That the value of stock of this business is not greater than: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_\_, at Cooper City, Broward County Florida.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print Name of Notary Public)

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type of identification produced:  
\_\_\_\_\_