



DIGITAL SIGNATURE AFFIDAVIT

Contractor

City of Marco Island
Building Services Division
50 Bald Eagle Dr
Marco Island FL 34145
239-389-5059

Name: _____

Company Name: _____

License #: _____

Email Address & Phone: _____

Mailing Address: _____

Authorization. The Undersigned Contractor understands that (s)he is authorizing the City of Marco Island through its Building Services Division.

Termination. If the Undersigned believes the security of the digital signature has been compromised, or simply wishes to terminate the use of such signature, (s)he must file a written notice of termination with the Building Division.

Governing Law. The Undersigned understands that the electronic signing and sealing of documents is governed by Florida law. Electronic submissions must meet state law requirements as described in the Florida Statutes Chapter 668.

Digital Signature Serial Number or Name of Certification Authority

By signing this document, you are not only agreeing to the foregoing but certifying that: Any willful falsification of any information contained herein is grounds for disqualification.

Print Name of License Holder

Signature of License Holder

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who is personally known to me or has
produced _____ as identification.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary

This notarized document may be submitted via email to permitsubmittals@cityofmarcoisland.com

For more information about digital permitting visit:

www.cityofmarcoisland.com > Government > Building Services > Citizen Access Portal

Or send an email to permitsubmittals@cityofmarcoisland.com subject "more info"