

AFFECTED HOMEOWNERS ASSOCIATION (HOA)  
CONTACT AFFIDAVIT

Instructions

1. All information must be completed on this affidavit prior to being signed in the presence of a Notary Public.
2. This affidavit must be returned to the Hernando County Planning Department in order to deem the application complete. No hearing shall be scheduled until such time the affidavit has been returned.

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AFFIDAVIT

Application Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
(Print or Type Name)

who, being duly sworn deposes and says that the affected HOA named below has been contacted pursuant to Board of County Commissioner's Policy No. 37-01

HOA Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I met with the affected HOA on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

State of Florida

County of Hernando

NOTARY PUBLIC  
SEAL OF OFFICE:

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me,  
the undersigned Notary Public of the State of Florida, personally appeared

\_\_\_\_\_  
(Name(s) of the Individual(s) who appeared before notary)

and whose name(s) is/are subscribed to the within instrument, and he/she/they  
acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

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

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp or Type as Commissioned)

~ Personally known to me, or

~ Produced Identification: \_\_\_\_\_  
(Type of Identification Produced)

~ DID take an oath, or ~ DID NOT take an oath.