**Contractor's Affidavit of Payment of Debts and Claims**

(for use with monthly pay estimates)

PROJECT NAME & NUMBER: Pay Estimate No.

TO OWNER: FROM CONTRACTOR:

City of Biloxi

P.O. Box 429

Biloxi, MS 39533

Upon receipt and in consideration of the payment of $ . Contractor warrants that all subcontractors, suppliers of materials, equipment, and labor have been or will be properly paid and that no liens or claims may be placed on the Owner’s property by the contractor, subcontractors, vendors, or suppliers for any material or equipment invoices for which payment has been made.

Executed this day of ,

(Signature of Contractor)

(Printed name and title)

STATE OF: COUNTY OF:

The above named, , appeared before me this the day of

, and executed the foregoing document as by our act and deed.

Notary Public:

My Commission Expires: