

AFFIDAVIT

STATE OF NEW JERSEY:

SS:

COUNTY OF MIDDLESEX:

I, the undersigned, hereby certify that I, and/or _____, of
(Individual, Company and/or Corporation)
which I am a principal, am/are the rightful recipient(s) of the funds and/or bond of which
I/we are requesting the return.

If the above individual or individuals, company, corporation, is different from the
entity that originally supplied the performance guarantee accepted by the Board of
County Commissioners, please explain below with supporting documentation.

Original Name, Address & Phone Number:

***Current Name, Address, Phone Number, & E-Mail to be Returned (this should match the
principal's contact information as provided on the release of performance guarantee
application form):***

Explanation With Attached Documentation:

I, the undersigned, do hereby agree to indemnify and hold harmless the County of
Middlesex from any claims made by any person whatsoever arising from the return of the
said performance bond or funds to the undersigned. Said indemnification shall include
all costs and expenses and attorney fees incurred by the County of Middlesex.

Signature of Attesting Witness

(Print/Type Name and Title)

Signature of Applicant or Authorized Agent

(Print/Type Name and Title)

Sworn to and subscribed before me on
this _____ day of _____, 20____
Notary Public of _____, Expires _____