Short-Term Vacation Rental Certificate Application

Affidavit of Compliance - Applicant

FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature _____ Printed Name CHRISTIAN COPE Date 9/26/23

STATE OF Florida

COUNTY OF Walton

The foregoing instrument was acknowledged before me by means of ☑ physical presence ☐ online notarization, this 26th day of September, 2023, by Christian Cope (Name of Person Acknowledging).

Dollie Jones

Signature of Notary Public

{Seal}

DOLLIE JONES
MY COMMISSION # HH 319654
EXPIRES: October 6, 2026

Dollie Jones

Print, Type or Stamp Name of Notary

Personally Known: ____
OR Produced Identification: ✓
Type of Identification Produced: Florida DL

Commission Number: HH 319654

Expiration Date: Oct. 6 2026