



CITY OF
MARATHON, FLORIDA
Building Department

Workers' Compensation Exemption Affidavit

Date Received: _____ Date Expires: _____

Contractor: _____

This will confirm that I shall not employ any workers other than myself and/or a properly licensed/insured subcontractor(s).

Contractor Name (Please Print)

Contractor Signature

Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes
therein expresses.

Personally Known or Produced ID: _____

Signature of Notary Public – State of _____

My Commission Expires:

9805 Overseas Highway, Marathon, FL 33050

Phone (305) 289-5052 | inspections@ci.marathon.fl.us | www.ci.marathon.fl.us/government/building/