

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Polk Property Junk Removal, LLC Date: 09.29.25

Status	Brief Description of Application Requirements
<input type="checkbox"/> Met; 1. <input checked="" type="checkbox"/> Not	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input type="checkbox"/> Met; 2. <input checked="" type="checkbox"/> Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
<input type="checkbox"/> Met; 3. <input checked="" type="checkbox"/> Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<input type="checkbox"/> Met; 4. <input checked="" type="checkbox"/> Not Met	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 5. <input type="checkbox"/> Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
<input checked="" type="checkbox"/> Met; 6. <input type="checkbox"/> Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
<input checked="" type="checkbox"/> Met; 7. <input type="checkbox"/> Not Met	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
<input checked="" type="checkbox"/> Met; 8. <input type="checkbox"/> Not Met	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g) <i>Need WC Waiver or Ins coverage</i>
<input type="checkbox"/> Met; 9. <input checked="" type="checkbox"/> Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
<input checked="" type="checkbox"/> Met 10. <input type="checkbox"/> Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 11. <input type="checkbox"/> Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) <i>Paid Cash</i>




**POLK PROPERTY
JUNK REMOVAL**

Date: 09-29-2025

To whom it may concern:

As of the date of the correspondence stated above, Polk Property Junk Removal, LLC as well as it's managing Member/Owner, Clinton A. Putnam has never and is currently not involved in any litigation, criminal proceedings, or agency enforcement cases.

I, Clinton A. Putnam, MGR/Owner of Polk Property Junk Removal, LLC
do attest the above statement to be true and correct.


Signature
CLINTON A. PUTNAM (OWNER)
Printed Name and Title


State of Florida, County of Polk.

The foregoing instrument was acknowledged before me this 29th day of September 2025 who is Personally Known to me or has produced _____ as identification.

(AFFIX NOTORIAL SEAL)



Katherine A. Montana-DeJesus
Notary Public
State of Florida
Comm# HH640164
Expires 2/13/2029


Notary Public Signature
Katherine A. Montana-DeJesus
Printed Name of Notary Public
#HH640164 / Exp '02-13-2029

Notary Commission Number / Expiration



**POLK PROPERTY
JUNK REMOVAL**

Date: 09-29-2025

Clinton Putnam
Polk Property Junk Removal LLC
210 Avenue I SE
Winter Haven, FL 33880
Phone: (863) 257-1411
polkpropertyremoval@gmail.com

Polk County Solid Waste Department
10 Environmental Loop South
Winter Haven, FL 33880

Re: Statement of Experience – Application for Nonexclusive Commercial Franchise License

To Whom It May Concern:

I am writing to provide a statement of my qualifications and professional experience in the junk removal industry in support of my application for a **Nonexclusive Commercial Franchise License** in Polk County.

For the past 16 years, I have been actively engaged in junk removal and property cleanouts, working directly with property managers, landlords, contractors, and private clients. My experience has included:

- **Property Manager Cleanouts** – Performed numerous residential and commercial cleanouts on behalf of property managers, including removal of abandoned furniture, appliances, and household goods to prepare units for new tenants.
- **Personal Rental Property Cleanouts** – As a rental property owner and manager, I have carried out complete cleanouts after tenant move-outs, ensuring properties were ready for turnover quickly and efficiently.
- **Construction Debris Removal** – Assisted contractors and homeowners by hauling away leftover construction and remodeling debris, including drywall, wood, flooring, and other materials from job sites.
- **Landscaping Debris Removal** – Provided clean-up and hauling services for landscaping projects and hurricane cleanup including the removal of trees, branches and yard waste.
- **Estate and Residential Junk Removal** – Completed large-scale residential junk removal projects, including estate cleanouts, where I managed and disposed of household goods, furniture, and miscellaneous items with care and professionalism.

Through these projects, I have gained extensive knowledge of proper waste disposal practices, recycling methods, and the safe transportation of materials. I am committed to operating in full compliance with Polk County Solid Waste regulations while delivering reliable and responsible services to residents and businesses alike.

My company, **Polk Property Junk Removal LLC**, was established to provide Polk County with dependable, affordable, and environmentally responsible junk removal solutions. I believe my experience and dedication demonstrate my capability to operate successfully under the requirements of a commercial franchise license.

Thank you for your time and consideration. I look forward to the opportunity to continue serving Polk County with professional junk removal services.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Clinton Putnam', with a long, sweeping horizontal stroke extending to the right.

Clinton Putnam
Owner, Polk Property Junk Removal LLC

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L26000002306
FILED 8:00 AM
January 06, 2026
Sec. Of State
rshaney

Article I

The name of the Limited Liability Company is:
POLK PROPERTY JUNK REMOVAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
210 AVENUE I SE
WINTER HAVEN, FL. US 33880

The mailing address of the Limited Liability Company is:

210 AVENUE I SE
WINTER HAVEN, FL. US 33880

Article III

The name and Florida street address of the registered agent is:

CLINTON A PUTNAM
210 AVENUE I SE
WINTER HAVEN, FL. 33880

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CLINTON A PUTNAM

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CLINTON A PUTNAM
210 AVENUE I SE
WINTER HAVEN, FL. 33880 US

L26000002306
FILED 8:00 AM
January 06, 2026
Sec. Of State
rshaney

Signature of member or an authorized representative

Electronic Signature: CLINTON A PUTNAM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Next Insurance US Company 16285 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Polk Property Junk Removal LLC 210 Avenue I SE Winter Haven, FL 33880		

COVERAGES CERTIFICATE NUMBER: 869552167 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NXTWX3T3HK-00-GL	10/01/2025	10/01/2026	EACH OCCURRENCE \$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00						
							MED EXP (Any one person) \$15,000.00
							PERSONAL & ADV INJURY \$1,000,000.00
							GENERAL AGGREGATE \$2,000,000.00
							PRODUCTS - COMP/OP AGG \$2,000,000.00
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		NXTWX3T3HK-00-GL	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 1,000,000.00
	AGGREGATE \$ 1,000,000.00						
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Polk County. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER Polk County A Political Subdivision of the State of Florida 330 W Church St Rm 150 Bartow, FL 33830	LIVE CERTIFICATE  Click or scan to view	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

ACCOUNT NO. 265866

CLASS: A

PAYMENT DUE BY: 09/30/2025

OWNER NAME	LOCATION
CLINTON A PUTNAM	210 AVENUE I SE WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
POLK PROPERTY JUNK REMOVAL LLC CLINTON PUTNAM 210 AVENUE I SE WINTER HAVEN, FL 33880	810000	LTD OTHER SERVICES

SIGN HERE

POLKPROPERTYREMOVAL@GI

<small>SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT.</small>	AMOUNT DUE: 31.50
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PAID - 4021525 01/28/2026 HMF TAX 31.50 POLK PROPERTY JUNK REMOVAL LLC

For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 265866

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME	LOCATION
CLINTON A PUTNAM	210 AVENUE I SE WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
POLK PROPERTY JUNK REMOVAL LLC CLINTON PUTNAM 210 AVENUE I SE WINTER HAVEN, FL 33880	810000	LTD OTHER SERVICES

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	<small>THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION</small>
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PAID - 4021525 01/28/2026 HMF TAX 31.50 POLK PROPERTY JUNK REMOVAL LLC

Tyler Payments Services

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Receipt Confirmation	
	Amount	
Total Payment To Division of Corporations		\$125.00
Service Fee		\$0.00
Total Amount Paid		\$125.00

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
700456139197 NEW	New Limited Liability Company	\$125.00	1	\$125.00
	Service Fee	\$0.00		\$0.00
Total Amount Paid				\$125.00

Customer Information

Customer Name	Clinton Putnam	Receipt Date	8/12/2025
Local Reference ID	700456139197 NEW	Receipt Time	08:44:40 PM EDT

Payment Information

Payment Type	Credit Card	Credit Card Number	*****0688
Credit Card Type	VISA	Order ID	224738502
		Name on Credit Card	Clinton Putnam

Billing Information

Billing Address	210 Avenue I SE
Billing City, State	Winter Haven, FL
Billing Zip/Postal Code	33880
Country	US

Visit tylertech.com/mtd for license information and disclosures.

NIC Services, LLC dba Tyler Payments Services • 7701 College Boulevard, Overland Park, KS 66210 • (888) 853-0663

NIC Payment Solutions in Hawaii, New Jersey & Wisconsin

AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT,
REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE
WITHIN POLK COUNTY

STATE OF FLORIDA
COUNTY OF Polk

Before me, the undersigned notary public authorized to administer oaths, personally appeared Clinton Putnam who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Polk Property Junk Removal, LLC, a _____ corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against Clinton Putnam or Polk Property Junk Removal, LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Clinton Putnam or Polk Property Junk Removal, LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Clinton Putnam or Polk Property Junk Removal, LLC.
- 6) Clinton Putnam acknowledges and consents that the County shall have the right to inspect Polk Property Junk Removal, LLC's vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Clinton Putnam has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term Clinton Putnam will continue to comply with the same.

Further the affiant sayeth not.

Dated the 27th day of September, 2025



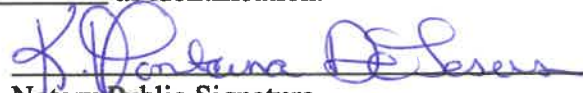
Sworn Person Signature
Clinton Putnam

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 27th day of September, 2025, by Clinton Putnam, who is either personally known to me; or has produced _____ as identification.



Katherine A. Montana-DeJesus
Notary Public
State of Florida
Comm# HH640164
Expires 2/13/2029



Notary Public Signature
Katherine Montana-DeJesus

Printed Name of Notary Public
#HH640164 / Exp: 2/13/2029

Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED, Clinton A. Putnam (the "Undersigned"), is the owner of Polk Property Junk Removal (the "Company"), a Florida Limited Liability Company.

WHEREAS, Polk Property Junk Removal, LLC is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and

WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and

WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of Polk Property Junk Removal, LLC ;

NOW, THEREFORE, in consideration of the benefits accruing to Polk Property Junk Removal, LLC and for other good and valuable consideration, the Undersigned, by and on behalf of Polk Property Junk Removal, LLC does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Polk Property Junk Removal, LLC , its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.

IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of Polk Property Junk Removal, LLC this 27th day of September, 2025.

ATTEST:

By: Clinton A. Putnam

Printed Name, Title

By: _____

Printed Name, Title]

(AFFIX NOTARIAL SEAL HERE)



Katherine A. Montana-DeJesus
Notary Public
State of Florida
Comm# HH640164
Expires 2/13/2029

K. Montana-DeJesus
Katherine Montana-DeJesus
Comm# HH640164
Exp: 2/13/2029

DEPARTMENT OF SOLID WASTE, POLK COUNTY FLORIDA **NO 9/862**

RECEIVED FROM _____ Date 10/09 2025

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: No Franchise against Polk Property Det Renewal \$ 750.00

\$ _____

\$ _____

\$ _____

CASH BY: ALM

CHECK TOTAL 750.00

REVISED 09/12

WELLS FARGO

DATE 10.9.2025

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

CURRENCY	DOLLARS	CE
	750.00	01
COIN		
CHECKS LIST EACH SEPARATELY		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

TOTAL 750.00

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT

Prepared By David Summerlin
Please Print

Verified By _____

9263
A1149237

POLK COUNTY BOARD OF COUNTY COMMISSIONERS
OPERATING ACCOUNT

4608125
DS4 24-T-BK

TOTAL ITEMS

\$

750.00

⑈00025950⑈ ⑆518200392⑆ 4377479407⑈



MIDFLORIDA 819263
ARMORED & ATM SVC., INC.

ITEMS	COIN BREAKDOWN
PENNIES	
NICKELS	
DIMES	
QUARTERS	
HALVES	
SBA \$	
TOKENS	
TOTAL ENTER #1	

ENTER SEAL NO.'S	ITEMS SAID TO CONTAIN	C	M
92631	\$750.00		
GRAND TOTAL	750.00		

RECEIVED FROM - CONSIGNOR

STREET ADDRESS / LOCATION NO.

CITY STATE ZIP CODE

SIGNATURE OF PERSONS PREPARING SHIPMENT DATE
David Summerlin 10.9.25

DELIVERED TO - CONSIGNOR
Wells Fargo

EXACT STREET ADDRESS/LOCATION NO. (DO NOT DELIVER TO A P.O. BOX)

CITY STATE ZIP CODE
St. Pete, FL

PICKUP MESSENGER SIGNATURE	ITEMS	DATE	TIME AR	TIME DP
VAULT INITIALS	ITEMS	DATE	TIME	
DELIVERY MESSENGER SIGNATURE	ITEMS	DATE	TIME AR COST	
CONSIGNEE SIGNATURE	ITEMS	DATE	TIME DP COST	

WARNING: CAREFULLY EXAMINE SIGNATURE AND IDENTIFICATION OF ANY PERSON ATTEMPTING TO PICK UP YOUR DEPOSIT. IF IN DOUBT ABOUT INDIVIDUAL, CALL YOUR LOCAL MIDFLORIDA SERVICE OFFICE.

WHITE - MFA CANARY - CONSIGNOR PINK - CONSIGNEE

Tear off this receipt before sealing bag

AMOUNT: \$750.00 DATE: 10.9.25