

Waiver of Hurricane Protection

Job Address:	Parcel ID #:	
Legal: Sub/Unit/Blk/Lot:		
Owner's Name:		
Owner's Mailing Address (if different):		
I understand that the shutter products that I am purchasing and h do not meet the required wind speed and impact test protocols for	•	
I understand that the Uniform Mitigation Form, currently requir Rated" Opening Protection designation because the products ins		
All exterior openings are fully protected at a minimum doors and/or impact resistant glazing that meets the re Impact:		
Under penalties of perjury, I declare that I have read the foregoi facts stated in it are true.	ng Waiver of Hurricane Protect	ion Affidavit and the
Print Name of Owner	Signature of Owner	
State of County of The foregoing instrument was acknowledged before me this by, who is □personally lidentification, by means of □physical presence or □ online not	known to me, or □has produced	
Signature, Notary Public – State of Florida	(Seal)	
Printed, Typed, or Stamped Name of Notary		