## **ATTACHMENT D-6**

## **ATTORNEYS CERTIFICATION OF TITLE 2025**

(See Rule 66B-1.006(4) & 1.008(2) FAC)

OFFICE OF THE (City or County) ATTORNEY (ADDRESS)

(Date), 2025

| · //                          |   |                                 |
|-------------------------------|---|---------------------------------|
| To WHOM IT MAY CON            | ICERN:                                      |                                 |
| I, (Name), an the Attorne     | y for the (City or County), Florida, I here | by state that I have examined   |
| a copy of a (deed, lease, m   | nanagement agreement, etc.) from            | to the (City or                 |
| County) conveying             | (Type of interest, i.e Fee simple,          | easement, 30-year lease, etc.)  |
| in the following described    | property:                                   |                                 |
|                               |   |                                 |
| (Brief Legal Description o    | f Property)                                 |                                 |
|                               |   |                                 |
| I have also examined a doo    | cument showing that this property is listed | d on the tax rolls as belonging |
| to the (City or County). Fi   | nally, I have also examined such docume     | ents and records as necessary   |
| for this certification.       |   |                                 |
|                               |   |                                 |
| This property is what is no   | w called "(Name of Property as Reference    | ed in the CAP Application)".    |
|                               |   |                                 |
| I Certify that the (City or C | County) does in fact (Own, Lease, etc.) th  | is property for                 |
|                               |   |                                 |
| years.                        |   |                                 |
|                               |   |                                 |
| Sincerely,                    |   |                                 |
|                               |   |                                 |
| (Name)                        |   |                                 |

Attorney, (City or County)