## **ATTACHMENT E-6**

## **ATTORNEYS CERTIFICATION OF TITLE 2025**

(See Rule 66B-2.006(4) & 2.008(2) FAC)

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

(Data) 2025

| $T_{\Delta}$ | WI    | $10^{\circ}$ | M  | IT | $\mathbf{M}$ | $\mathbf{V}$ | CO | N | CERN     | Ţ. |
|--------------|-------|--------------|----|----|--------------|--------------|----|---|----------|----|
| 10           | V V I | $\mathbf{I}$ | VΙ |    | 1VI/         | <b>√</b> I   |    | N | CALAININ | 4. |

| (Date), 2023                        |   |                                   |
|-------------------------------------|---|-----------------------------------|
| To WHOM IT MAY CONCERN              | 1:  |                                   |
| I, (Name), an the Attorney for the  | ne ( <u>City or County)</u> , Florida, I he | reby state that I have examined   |
| a copy of a (deed, lease, manager   | ment 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 proper   | rty:  |                                   |
| (Brief Legal Description of Prope   | erty)                                       |                                   |
| I have also examined a document     | t showing that this property is list        | ted on the tax rolls as belonging |
| to the (City or County). Finally, I | I have also examined such docum             | nents and records as necessary    |
| for this certification.             |   |                                   |
| This property is what is now called | ed <u>"(Name of Property as Refere</u>      | nced in the WAP                   |
| Application)".                      |   |                                   |
| I Certify that the (City or County) | ) does in fact (Own, Lease, etc.)           | this property for                 |
| years.                              |   |                                   |
| Sincerely,                          |   |                                   |
| (Name)                              |   |                                   |
| Attorney, (City or County)          |   |                                   |