

**ST. JOHNS COUNTY UTILITY DEPARTMENT  
3E – CLOSEOUT - WARRANTY**

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Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

FROM: \_\_\_\_\_

Contractor's Name

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO: St. Johns County Utility Department  
Post Office Box 3006  
St. Augustine, Florida 32085

The undersigned warrants all its work performed in connection with the above project to be free from all defects in material and workmanship for a period of (1) year from the date of acceptance of the project by St. Johns County and agrees to remedy all defects arising with that period at its expense.

The term defects shall not be construed as embracing damage arising from misuse, negligence, Acts of God, normal wear and tear or failure to follow operating instructions.

**Contractor:**

\_\_\_\_\_  
Print Contractor's Name

\_\_\_\_\_  
Contractor's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ on-line notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ for

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Personally Known or Produced Identification

Type of Identification Produced