



AFFIDAVIT OF IDENTITY – GOVERNMENT EMPLOYEE

State of Florida

County of Sarasota

Affiant, A. Jerome Fletcher II, ICMA-CM, MPA, being first duly sworn on my oath, formally acknowledge that I am an employee of City of North Port, Florida and I am legally permitted to sign the Merchant Processing Application and Agreement and the CardConnect Merchant Services Program Terms and Conditions (Program Guide) on behalf of City of North Port, Florida. I understand the purpose of this document is to demonstrate that I am indeed a proven employee of City of North Port, Florida.

Affiant Signature before Notary Public

This was acknowledged before me on _____, 2023 by A. Jerome Fletcher II, ICMA-CM, MPA.

Signature of notarial officer

My commission expires:

Month, Day, Year

Notary Stamp



CITY OF NORTH PORT, FLORIDA

A. JEROME FLETCHER II, ICMA-CM, MPA
CITY MANAGER

ATTEST

HEATHER FAUST, MMC
CITY CLERK

APPROVED AS TO FORM AND CORRECTNESS

AMBER L. SLAYTON, B.C.S.
CITY ATTORNEY