



Community Development - Engineering Division

1601 NW 136 Ave., Bldg. A Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

## BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS that \_\_\_\_\_,  
(hereinafter referred to as the “Grantor), for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations to it paid by the City of Sunrise, (hereinafter referred to as “City”), the receipt of which is hereby acknowledged, has granted, bargained, sold, transferred, set over and delivered, and by these presents does grant, bargain, sell transfer, set over and deliver unto City, its successors and assigns, all those certain goods and chattels described as follows:

Potable water lines and/or sanitary sewage collection lines and/or lift stations and related facilities constructed within the right-of-way and/or property of \_\_\_\_\_, which system is more completely described in Exhibit “A” and/or “B”.

And the GRANTOR, for itself and its successors, hereby covenants to and with the City, its successors and assigns, that it is the lawful owner of the said goods and chattels, that they are free from all liens and encumbrances, that it has good right to sell the same as aforesaid, and that it will warrant and defend the same against the lawful claims and demands of all persons whomsoever. Grantor acknowledges and agrees that the provisions of Chapter 15 of the City Code, as amended from time to time, are incorporated into this Bill of Sale.

In addition, the GRANTOR hereby warrants said potable water systems and/or sanitary sewage collection systems and/or lift stations and related facilities to be free from defects due to installation and/or materials for a period of twelve (12) months from the date of execution of this document and GRANTOR further agrees to reimburse City in full for reasonable and necessary repairs (as determined by City), due to said defects during the twelve (12) month period; cost of same shall be set out on an invoice from the person performing the repairs.

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**ACKNOWLEDGEMENT OF INDIVIDUAL**

IN WITNESS WHEREOF, the Grantor has caused this Bill of Sale to be executed in Grantor's name, and official seal by the proper officer(s) or representative(s) duly authorized, as of the day and year first above written.

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
by \_\_\_\_\_.

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

My Commission Expires:

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

Print Name: \_\_\_\_\_

**ACKNOWLEDGEMENT OF PARTNERSHIP**

IN WITNESS WHEREOF, the Grantor has caused this Bill of Sale to be executed in Grantor's name, and official seal by the proper officer(s) or representative(s) duly authorized, as of the day and year first above written.

\_\_\_\_\_  
Name of Partnership

By: \_\_\_\_\_  
\_\_\_\_\_, General Partner

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
by \_\_\_\_\_, as General Partner of \_\_\_\_\_.

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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

My Commission Expires:

Print Name: \_\_\_\_\_

**ACKNOWLEDGEMENT OF CORPORATION**

IN WITNESS WHEREOF, the Grantor has caused this Bill of Sale to be executed in Grantor's name, and official seal by the proper officer(s) or representative(s) duly authorized, as of the day and year first above written.

\_\_\_\_\_  
Name of Corporation

By:\_\_\_\_\_

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

Attest:\_\_\_\_\_

Corporate Secretary

(CORPORATE SEAL)

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
by \_\_\_\_\_, as President of \_\_\_\_\_.  
(Corporation)

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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

My Commission Expires:

Print Name:\_\_\_\_\_



