

Sign Contractor's Affidavit of Acknowledgment

The Tukwila Municipal Code (TMC) 19.12.180 requires that all sign contractors performing work within the City of Tukwila sign an affidavit acknowledging that they have read and understand the City's Sign Code. The purpose of the affidavit is to protect Tukwila businesses and residents from sign contractors who may perform work without obtaining required permits or perform work outside the scope of an issued permit.

STATE OF WASHINGTON)
COUNTY OF KING)
)

I, _____, state as follows:
[please print name and title]

1. I am a duly authorized representative of _____ a Washington State licensed sign contractor. I certify that I have the legal authority to sign this affidavit.
2. I understand that TMC 19.12.180 requires a valid City of Tukwila Business License in order to work within the corporate limits of the City. I am aware that any sign contractor found operating in the City without a valid business license shall be subject to fine of not less than \$1,000. I also understand that the City shall report the violation to the State of Washington (TMC 19.12.180 (C)).
3. I hereby certify that I received a copy or I have been directed to the online version of Tukwila Municipal Code Title 19 "Sign and Visual Communication Code". I also certify that I have reviewed the requirements of Title 19, specifically TMC 19.12.020 "Sign Permits Required" and TMC 19.36 "Non-Conforming Provisions."
4. As outlined in TMC 19.12.180 (B), I understand that failure to comply with the terms, conditions, and requirements of Title 19 could subject my sign company to fines and penalties. Additionally, I am also aware that failure to comply with Title 19 could result in revocation of my company's Tukwila business license for a period of up to one year.

Authorized Representative

Company Name

Signed and sworn to before me this _____ day of _____ 20__.

NOTARY PUBLIC in and for the State of Washington

Residing at _____, County

Name as commissioned: _____

My commission expires _____