



CLAYTON COUNTY WATER AUTHORITY

Small Local Business Program

Affidavit of No Change

This Affidavit must be submitted every other year during the general certification term.

Name of Firm: _____
 Mailing Address: _____
 Contact Person: _____
 Title: _____
 Telephone: _____
 Fax: _____
 Email Address: _____
 Website: _____
 Certification NO.: _____

I _____, affirm that there have been no changes affecting the firm's ability to meet size or ownership requirements of Small Local Business Certification Program. I affirm there have been no material changes in the information provided with the firm's application for certification, except for any changes about which I have provided written notice to Clayton County Water Authority.

I affirm that my firm continues to meet the Small Local Business size criteria, and the overall gross receipts cap. **Provide the gross receipts of the last 3 years, beginning with the most recent calendar year-end tax records:**

YEAR	GROSS RECEIPTS	NO. OF EMPLOYEES

PRINTED NAME: _____
 SIGNATURE: _____
 TITLE: _____ DATE: _____

NOTARY:

On this _____ day of _____, 20____, before me appeared _____ to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by: (firm) _____ to be executed the affidavit and did so as his or her free act and deed.

SEAL

Notary Public _____ Commission Expires _____