



Prepared by and return to:  
 Impact Fee Manager  
 Planning, Zoning & Building  
 2300 N. Jog Road  
 West Palm Beach, Florida 33411-2741

**RELEASE OF DECLARATION AND RESTRICTIVE COVENANT**  
**REGARDING ROAD IMPACT FEE**

The parties undersigned below hereby release that certain Declaration and Restrictive Covenant Regarding Road Impact Fee recorded \_\_\_\_\_ in the Official Records Book \_\_\_\_\_, at page \_\_\_\_\_, in the Official Records of Palm Beach County, Florida, encumbering certain property situate in Palm Beach County, Florida, the legal description of which is contained in Exhibit A, attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the parties have executed this Release of Declaration and Restrictive Covenant Regarding Road Impact Fee on the day and year written below.

WITNESSES

OWNER

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Typed or Printed Name

\_\_\_\_\_  
 Typed or Printed Name: Title/Office

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Typed or Printed Name

\_\_\_\_\_  
 Address

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

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

The foregoing instrument was acknowledged before me, **by means of**  **physical presence** or  **online notarization** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who \_\_\_\_\_ is personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print, Type or Stamp  
Commissioned Name of Notary

Personally Known \_\_\_\_ OR  
Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

The terms and conditions of the foregoing Declaration and Restrictive Covenant Regarding Road Impact Fee, to the extent the same are binding on Palm Beach County, are hereby accepted by the undersigned on behalf of Palm Beach County as its duly authorized representative this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WITNESSES:

PALM BEACH COUNTY, FLORIDA

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Derrek Moore, Impact Fee Manager  
Telephone Number: (561) 233-5025

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Ryan P. Maher, Assistant County Attorney

\_\_\_\_\_  
Address

**EXHIBIT "A"**

**LEGAL DESCRIPTION**