

NOTICE:

This document waives rights unconditionally and states you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

TEXAS UNCONDITIONAL WAIVER AND RELEASE UPON FULL AND FINAL PAYMENT

Project Name: _____

Job, Contract or Invoice Number(s): _____

The signer of this document has been **paid in full** for all labor, services, equipment or materials **furnished** to _____
_____ on the job of _____
located at _____ to the following
extent: _____. The signer therefore waives and releases any mechanic's lien
right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right,
any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons
in the signer's position.

The signer warrants that the signer has already paid or will use the funds received from this final payment to promptly pay in full
all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for
or to the above referenced project up to the date of this waiver and release.

Dated ____/____/____ for _____

Signed By: _____

Print Name/Title: _____

(Notary Form Attached)

ACKNOWLEDGEMENT BY NOTARY PUBLIC

State of _____)
)
County of _____)

On ___/___/_____ before me, the undersigned _____,
a Notary Public in and for said State, personally appeared: _____,
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or their entity upon behalf for which the person(s) acted, executed the instrument.

Notary's Name (Typed or Printed)

Notary's Signature (Affix Seal)

CAPACITY CLAIMED BY SIGNER

- ___ Individual
- ___ Subscribing Witness
- ___ Corporate Officer(s)
- ___ Partner(s)
- ___ Guardian
- ___ Attorney-In-Fact
- ___ Trustee(s)
- ___ Other _____

Title

Attention Notary: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized documents.

Title or Type of Document: _____

Date of Document: ___/___/_____

Number of Pages: _____

Additional Signer(s) to document not personally appearing before me

Title(s)