

**ASSIGNMENT OF ANTITRUST CLAIMS**

School, Center or Facility: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Upon receiving award of contract, the contractor agrees to execute the following Assignment:

For and in recognition of good and valuable consideration, receipt of which is hereby acknowledged, \_\_\_\_\_  
(Company Name)

acting herein by and through \_\_\_\_\_  
(Authorized Individual's Name)

It's \_\_\_\_\_  
(Title of Authorized Individual whose signature appears below)

And duly authorized agent, hereby conveys, sells, assigns, and transfers to the School Board of Pinellas County, Florida, all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the State of Florida for price fixing, relating to the particular goods or services purchased or acquired by the School Board of Pinellas County, Florida, pursuant to the above identified project.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Name of person acknowledging)

Notary Seal

\_\_\_\_\_  
(Signature of Notary – State of Florida)

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

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_  
TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_  
(ATTACH COPY)

When dealing with a corporation, partnership or trust or someone who is signing under a power of attorney, the following acknowledgement in a representative capacity is utilized:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Name of Person)

as \_\_\_\_\_  
(Type of Authority for, e.g., officer, trustee, attorney in fact)

\_\_\_\_\_  
(Name of Party on behalf of whom instrument was executed)

Notary Seal

\_\_\_\_\_  
(Signature of Notary – State of Florida)

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

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_  
TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_  
(ATTACH COPY)