

LANDOWNER AUTHORIZATION

**NOTE: A signed Landowner Authorization form is valid up to six months after the date of being executed.

30	BJECT PROPERTY INFORT	VIATION		
Sub	odivision Name, Block, Lot:			
Nui	mber of lots:	Number of acres:	Site APN(s):	
Ger	neral Location (cross streets):		County:	
Pre	vious Project Number(s) (i.e.,	PSM, SP, etc):		
OV	WNER AND AUTHORIZAT	ION		
Cor	mpany Name:			
Add	dress:		Phone:	
City	y, State, ZIP:			
Em	ail:			
	ECK ONE OF THE FOLLOW			
	processing, representation, and, person for responding to all req	ereby designate (name of project representative) to act in the capacity as my agent for filing, ocessing, representation, and/or presentation of this development application. The designated agent shall be the principal contact rson for responding to all requests for information and for resolving all issues of concern relative to this application. Y certify that I am the owner of the property and further certify that the information provided on this development application		
is to con any	rue and correct. By signing belo stained within this application, ir	ow, I agree that the City of Fr including the email address, to	risco (the "City") is authorized and permitted to provide information of the public. The City is also authorized and permitted to reproduce ion, if such reproduction is associated with the application in response	
Owner's Signature:			Date:	
	STATE OF			
	oath, stated the following: "		the above signed, who, under wher, or duly authorized agent of the owner, for the purposes of this prrect."	
			SUBSCRIBED AND SWORN TO before me, this the day of, 20	
	(NOT	ARY SEAL)		
PROJECT REPRESENTATIVE/APPLICANT			Notary Signature	
	mpany Name:			
Name:				
			Fax:	
	ail:			
	oject Representative's Signatur			
	,			