

AGENT AUTHORIZATION AND AFFIDAVIT

I, (Name)

being first duly sworn, depose and say that I am the authorized representative of the owner(s) of the property described as:

No. of Parcels: _____

Addresses: _____

Strap #: _____

Agent Information: _____

Address: _____

City, State, Zip: _____

Office phone: _____

Cell phone: _____

Email address: _____

I hereby certify that the answers to the questions in this application and all sketches, data, and other supplementary materials attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

Signature: _____

Printed Name: _____

Sworn to and subscribed before me this ____ day of _____, 20____, by

_____, who is personally known

to me or has produced _____ as identification.

He/she acknowledged before me that he/she has executed this instrument for the reasons therein expressed.

Notary Public Signature: _____

Notary Public Name: _____

My commission expires: _____

DISCLOSURE OF OWNERSHIP INFORMATION

(SIGN AND CERTIFY APPLICABLE AFFIDAVIT ATTACHED HEREIN)

DISCLOSURE OF INTEREST AND AUTHORIZATION FORM

[Individual Owner]

I, _____, being first duly sworn, depose and say that I am the owner of the property described as:

No. of Parcels: _____
Addresses: _____
Strap #: _____

I do hereby appoint _____ as my authorized agent and/or attorney for the purpose of representing my interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature of
Owner:

Printed Name: _____

Sworn to and subscribed before me this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

Notary Public

Print Notary Name

My commission expires:

DISCLOSURE OF INTEREST AND AUTHORIZATION FORM

[Corporate or Partnership Owner]

I, (Name) _____
As (Title) _____
of (Corp.) _____

being first duly sworn, depose and say that

Name: _____
Address: _____

is the owner of the property described as:

No. of Parcels: _____
Addresses: _____
Strap #: _____

I do hereby appoint _____ as the Owner's authorized agent and/or attorney for the purpose of representing its interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature of
Owner: _____

Printed Name: _____

Sworn to and subscribed before me this ___ day of _____, 20___, by
_____, who is personally known to me

or who has produced _____ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

Notary Public

My commission expires:

Print Notary Name

DISCLOSURE OF INTEREST AND AUTHORIZATION FORM

[Multiple Owners]

We,

being first duly sworn, depose and say that we are the owners of the property described as:

No. of Parcels: _____

Addresses: _____

Strap #: _____

We do hereby appoint _____ as our authorized agent and/or attorney for the purpose of representing our interests in the above-described property which is the subject matter of this application and proposed hearing. We understand that this application must be complete and accurate before a hearing can be advertised.

Signatures: _____

Typed or Printed Name: _____

Sworn to and subscribed before me this ___ day of _____, 20___, by

_____, who is personally known to me

or who has produced _____ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

Notary Public

My commission expires:

Print Notary Name

[add signature lines and notary clauses as needed on attached sheets]

DISCLOSURE OF INTEREST AND AUTHORIZATION FORM

[Trustee Owner]

I, _____, Trustee, being first duly sworn, depose and say that I am the owner of the property described as:

No. of Parcels: _____
Addresses: _____
Strap #: _____

I do hereby appoint _____ as my authorized agent and/or attorney for the purpose of representing my interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised. I hereby disclose that the four largest beneficiaries of the Trust are as follows:

Signature:

Printed Name: _____

Sworn to and subscribed before me this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

Notary Public

My commission expires:

Print Notary Name

AFFIDAVIT OF BENEFICIARIES

I, (Name)

_____ as a beneficiary of that certain land trust which owns property identified as follows:

No. of Parcels: _____
Addresses: _____
Strap #: _____

I hereby disclose that I am a beneficiary under said land trust and consent to the filing of an application for a public hearing on the above described property. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature:

Printed Name: _____
Name: _____
Address: _____
City, State, Zip: _____
Office phone: _____
Cell phone: _____
Email address: _____

Sworn to and subscribed before me this ____ day of _____, 20__, by

_____, who is personally known to me or has

produced _____ as identification. He/she acknowledged before me that he/she has executed this instrument for the reasons therein expressed.

Notary Public Signature _____

Notary Public Name: _____

My commission expires: