



AFFIDAVIT

OWNER _____ (type or print) PETITION NO. _____

ADDITIONAL OWNERS _____

PARCEL NUMBER(S) _____ SECTION-TOWNSHIP-RANGE _____

TYPE OF REQUEST _____

APPOINTED AGENT(S) _____

I (we), the property owner(s) of the subject property, being duly sworn, depose and say (circle applicable number(s)):

1. That I am (we are) the owner(s) and record title holder(s) of the property described in the attached legal description;
2. That this property constitutes the property for which the above noted request is being made to the Alachua County Board of Adjustment;
3. That I (we), the undersigned, have appointed, and do appoint, the above noted person(s) as my (our) agent(s) to execute any agreement(s), and other documents necessary to effectuate such agreement(s) in the process of pursuing the aforementioned petition;
4. That this affidavit has been executed to induce the Alachua County Board of Adjustment to consider and act on the subject request;
5. That I (we), the undersigned authority, hereby certify that the forgoing statements are true and correct.

 OWNER (signature)

 OWNER (signature)

STATE OF FLORIDA

SWORN AND SUBSCRIBED BEFORE ME

COUNTY OF ALACHUA

THIS ____ DAY OF _____, 20__

BY _____
 WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE
 PRODUCED _____
 (type of identification)

(SEAL ABOVE)

AS IDENTIFICATION.

Notary Public, Commission No. _____

(Name of Notary typed, printed, or stamped)