

RECORD OWNER(S)

Case No.: _____

Name (Please print)	Name (Please print)
Address	Address
City Zip Code Phone	City Zip Code Phone
Name (Please print)	Name (Please print)
Address	Address
City Zip Code Phone	City Zip Code Phone

PROPERTY AUTHORIZATION

THE UNDERSIGNED STATES THAT THEY ARE THE OWNER of the property described herein and hereby gives authorization for the filing of this application. Further, I DO BY MY/OUR SIGNATURE(S) ON THIS AGREEMENT, absolve the City of Lancaster of all liabilities regarding any deed restrictions that may be applicable to the property described herein.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

CERTIFICATION

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Print Name (Applicant or Applicant's Agent)	Signature	Date
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