

CITY OF CENTENNIAL, COLORADO AFFIDAVIT OF OWNERSHIP AND DESIGNATION OF AUTHORIZED REPRESENTATIVE(S)

AFFIDAVIT OF OWNERSHIP

If owner is an individual; indicate name exactly as it appears on the deed.

If owner is a corporation, partnership, limited partnership, limited liability company, or other business entity, name principals on a separate page.

| entity, name principal | ls on a separate page. | • | |
|---|---|--|---|
| Please provide the r property owners on | ` ' | dress(es), street address(es), and phone nu | mber(s) for all |
| etc.)], with the City of on a separate page. | Centennial. If necessary submitting this do | , hereby certify and affirm scribed as, he applicable) and which is the subject of toon types (rezoning, site plan, plat, conditional sary, please attach the legal description of the socument to the City of Centennial, I/we hereby process this application with the City. | subject property |
| | DESIGNATION OF A | AUTHORIZED REPRESENTATIVE(S) | |
| regarding the land use staff regarding the ap may be held on this a I/We understand that | eme(s)) to act as my e application identified oplication, and to repr application. the City will send all co authorized Representa | y/our representative(s) in any manner and d above, to answer questions from and commu resent me/us at any meeting(s) and public he correspondence to the Authorized Representation ative's responsibility to keep the owner(s) adequates | in all respects nicate with City earing(s) which ive(s) identified |
| OWNER(S) (if necess | sary, identify additiona | al owners on a separate page): | |
| Name(s): | By: Name: Title: Address: | | |
| above. It will be the A as to the status of the OWNER(S) (if necess | Authorized Represental application. sary, identify additional By: Name: Title: | ative's responsibility to keep the owner(s) adequal owners on a separate page): | |

NOTARY BLOCK FOLLOWS ON PAGE TWO AND MUST BE COMPLETED.



| STATE OF | | |
|---|--|----|
| COUNTY OF |) ss.) | |
| | rship and Designation of Authorized Representative(s) wa | |
| | day of 20, by | |
| [Title] of | , a | .• |
| Witness my hand and official seal: | | |
| My Commission expires: | · | |
| | Signature | |
| | Name of Notary | |
| | Address of Notary | |
| [SEAL] | | |
| For Community Development staff us | se only: | |
| Affidavit of Ownership and Designation 20 | on of Authorized Representative(s) form received on | ! |
| Case name: | _ | |
| Case number: | _ | |