

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 principa	is on a separate page.						
Please provide the property owners on	name(s), mailing address(es), street address(es), and phone number(s) for all a separate page.						
address of	, hereby certify and affirm that I am (we he property legally described as, having a mailing (if applicable) and which is the subject of the application [List all application types (rezoning, site plan, plat, conditional use, variance, Centennial. If necessary, please attach the legal description of the subject property By submitting this document to the City of Centennial, I/we hereby certify that no is required to file and process this application with the City.						
DESIGNATION OF AUTHORIZED REPRESENTATIVE(S)							
regarding the land us staff regarding the a may be held on this a	ame(s)) to act as my/our representative(s) in any manner and in all respects e application identified above, to answer questions from and communicate with City pplication, and to represent me/us at any meeting(s) and public hearing(s) which application.						
	the City will send all correspondence to the Authorized Representative(s) identified Authorized Representative's responsibility to keep the owner(s) adequately informed application.						
OWNER(S) (if neces	sary, identify additional owners on a separate page):						
Name(s):							
	By:						
	Name:						
	Title:						
	Address:						

NOTARY BLOCK FOLLOWS ON PAGE TWO AND MUST BE COMPLETED.



STA	ATE OF)					
COL	JNTY OF _) ss.)					
The	foregoing	Affidavit	of Own	nership and	Designation	of Aut	horized	Representative(s)	was
ackr	nowledged b	oefore me	this	day of		20	_, by		as
[Title] of					, a				
Witr	ness my har	nd and offic	ial seal:						
Му	Commissior	expires: _							
					Signature				
					Name of N	lotary			
[SEAL]					Address of Notary				
For	Community	Dovelonm	ont staff	uso orby					
	•	•		-					
Affic 20_		nership and	d Design	ation of Auth	orized Repres	entative	(s) form	received on	,
Cas	e name: _								
Cas	e number:								