



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

PROPERTY OWNER AFFIDAVIT

To be filed in the Community Development Department, office of the Planning & Zoning Administrator.

Address: _____
Parcel No.: _____
Acreage: _____

Agent Name: _____
Agent Tax Mailing Address: _____

Agent Phone Num.: _____

Owner Name: _____
Owner Tax Mailing Address: _____

Owner Phone Num.: _____

Requested Action (to be conducted by Agent, authorized by owner): _____

I hereby certify that:

I am the property owner of record. I authorize the above listed agent to act on my behalf for the purposes of this application.

Property owner signature: _____

Printed name: _____

Date: _____

The foregoing affidavit is acknowledged before me this ____day of, _____ 20__,
by _____, who is/are personally known to me, or
who has/have produced _____ as identification.

NOTARY SEAL _____

Signature of Notary Public, State of _____