



CITY OF CLEARWATER
AFFIDAVIT TO AUTHORIZE AGENT
PLANNING & DEVELOPMENT SERVICES ADMINISTRATION
 MUNICIPAL SERVICES BUILDING, 100 SOUTH MYRTLE AVENUE, 2nd FLOOR
 PHONE (727)-562-4567 FAX (727) 562-4576

(Name of all property owners)

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

(Address or General Location)

2. That this property constitutes the property for which a request for a:

(Nature of request)

3. That the undersigned (has/have) appointed and (does/do) appoint _____

as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition;

4. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the above described property;

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Property Owner

Property Owner

STATE OF FLORIDA,
COUNTY OF PINELLAS

Before me the undersigned, an officer duly commissioned by the laws of the State of Florida, on this _____ day of _____, _____ personally appeared _____ who having been first duly sworn deposes and says that he/she fully understands the contents of the affidavit that he/she signed.

Notary Public

My Commission Expires: