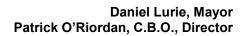
I hereby certify that



(ONE NAME ONLY) has my authorization



## **AFFIDAVIT OF OWNER**

APPLICANT'S NAME - Make sure to indicate an individual's name, NOT a company name.	
to obtain copies of plans of my building located at	RTY ADDRESS
1.101.2.	NI ABBRESO
PRINT PROPERTY OWNER'S NAME	PROPERTY OWNER'S TELEPHONE NUMBER
PROPERTY OWNER  Wet Signature Only - No Fax, Email, or Copies Accepted	NOTE: This authorization is valid for a one-time use, only for the above address, for this request, and valid for 30 days from the date this document is signed and notarized. Originals only, forms with whiteout are not accepted.
IF THE OWNER IS <b>NOT AN INDIVIDUAL, PLEASE MAKE TRUST, ETC., NAME.</b> PLEASE INCLUDE A SIGNED OFFI AUTHORITY OF THE PERSON SIGNING THIS AFFIDAVIT	CIAL DOCUMENT (LETTERHEAD) EXPLAINING THE
FOR <b>CONDOMINIUMS</b> , THE AFFIDAVIT MUST BE SIGNED SIGNED OFFICIAL DOCUMENT (LETTERHEAD) EXPLAIN AFFIDAVIT ON BEHALF OF THE ENTITY OR OFFICIAL HO	ING THE AUTHORITY OF THE PERSON SIGNING THIS
PROPERTY OWNE	R ACKNOWLEDGMENT
A notary public or other officer completing this certificate ver document, to which this certificate is attached and not the true	
State of California County of	
On before me,	
Not	ary Public or Officer Certifying Identity)
personally appearedsatisfactory evidence to be the person(s) whose name(s) is/a me that he/she/they executed the same in his/her/their author the instrument the person(s), or the entity upon behalf of which which is the instrument the person(s) is the entity upon behalf of which is the instrument the person(s).	rized capacity (ies), and that by his/her/their signature(s) on
I certify under PENALTY OF PERJURY under the laws of the correct.	e State of California that the foregoing paragraph is true and
WITNESS my hand and official seal.	
Signature (Seal)	
	RR#
	OFFICE USE ONLY

## **Records Management Division**