City of Burnet

(512) 756-6093
FAX (512) 756-8560
www.cityofburnet.com

P.O. Box 1369
301 E Jackson Street
Burnet, TX 78611

OWNER'S AUTHORIZATION AFFIDAVIT

Property ID: _____

Property Address: _____

Property Description: _____

_____

Property Owner Name: _____

Address: _____

Phone: _____

Authorized Agent or Applicant Name: _____

Address: _____

Phone: _____

I/We hereby certify that I/we am/are the owners(s) of the above described property. I/We hereby authorize the Agent and/or Applicant listed on this application to act on my/our behalf during the processing and presentation of this request. They shall be the principal contact with the City in processing this application.

Owner's Signature(s)

First Owner's Signature: _____ Date: _____

First Owner's Printed Name: _____

Second Owner's Signature: _____ Date: _____

Second Owner's Printed Name:_____

_____

Sworn and subscribed before me this _____day of _____,20_____.

_____

Notary Public in and for the State of Texas

My commission expires on: _____