



Town of St. Leo

P.O. Box 2479, 34544 County Road 52
Saint Leo, Florida 33574
Phone: 352-588-2622
Fax: 352-588-3010
TownClerk@TownofStLeo.org
www.TownofStLeo.org

Affidavit of Ownership/Agent Authorization Affidavit

DATE SUBMITTED _____

Property Owner (Company or Individual) _____

Mailing Address _____

Officer's Name and Title _____

Being first duly sworn depose(s) and say(s):

1. That I am (we are) the owner(s) and record title holder(s) of the following described property legal description, to wit

_____ Parcel ID# _____

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

_____ (Type of Application Approval Requested)

is being applied for to the Town of St. Leo, Florida;

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

as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept my agent(s) signature as representing my agreement of all terms and conditions of the approval process;

4. That this affidavit has been executed to induce Town of St. Leo, Florida to consider and act on the foregoing request;

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

_____/ _____
Owner's Signature/Print Title

_____/ _____
Owner's Signature/Print Title

State of Florida
County of Pasco

The foregoing instrument was sworn to (or affirmed) and subscribed before me this (date) _____ by (person swearing or affirming) _____,

who is personally known to me/ has produced identification (type of identification produced)

_____.

Notary (print name)

(Signature)

Notary Seal Stamp with Commission Number and Expiration Date: