AFFIDAVIT OF OWNERSHIP AND AUTHORIZATION TO ACT



Project Name		City Project No.	
Owner Name			
Contact			D _A .
Address			DATE RECEIVED
City, State, Zip			ECEN
Phone	()		/ED
Fax	()]
Email			
I,, being the owner of			
authorize to act on my behalf in the submittal (Person and Name of Company)			
Signature of Owner		 Date	
Title			
COUNTY OF E			
The foregoing	instrument was acknowledged before r	ne this day of	
20, by who is personally known to			o me or has produced
	as identification.		
STAMP:		Notary Publi	c Signature
		My Commis	sion Expires