

## CITY OF TROUTDALE

Phone (503) 665-5175  $\mid$  www.troutdale.info

## Property Owner Affidavit

STATE OF OREGON	)			
COUNTY OF MULTNOMAH	) ss. )			
As legal owner of the property located at	t Print Physical Pro	perty Address (Street # , Name. City, Sta	te & Zip Code)	
in Multhomah County, Oregon, I am awa	are and hereby give permis		ull Name	
to apply for a Land Use Application with	the City of Troutdale, Oreg	on on my behalf.		
Property Owner Printed Full Name		Property Owner Signature		
Property Owner Mailing Address				
City, State & Zip		Subscribed and sworn to	before me this	
Property Owner Daytime Phone Number		day of	, 20	
Property Parcel/Tax ID Number		Notary Pu	Notary Public	
Date		My Comm	My Commission Expires	