



CITY OF TAMPA
 HISTORIC PRESERVATION COMMISSION
 1400 N. BOULEVARD
 TAMPA, FLORIDA 33607
 PHONE (813)274-3100/FAX(813)259-1799

AFFIDAVIT TO AUTHORIZE AGENT

 (NAME OF ALL PROPERTY OWNERS), 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:

 (ADDRESS OR GENERAL LOCATION)

2. That this property is the property for which a designation request is being made to the HPC;

3. That the undersigned (has/have) appointed and (does/do) appoint _____(NAME)
 (_____) _____(PHONE) as (his/her/their) agent(s) to execute any petitions or other documents
 necessary to affect such petition;

4. That this affidavit has been executed to induce the City of Tampa, Florida to consider an act on the above
 described property;

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

 PROPERTY OWNER

 PROPERTY OWNER

Sworn to and Subscribed before me this
 ____ day of _____, 20____.

My Commission Expires:

 NOTARY PUBLIC, STATE OF FLORIDA

For HPC office use only Received & Approved By: _____ Date: _____
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