CITY OF BELEN AFFIDAVIT OF PROPERTY OWNER AUTHORIZATION (FOR AGENT) IF AN APPLICATION IS MADE BY SOMEONE OTHER THAN THE PROPERTY OWNER THIS FORM MUST ACCOMPANY THE APPLICATION MATERIALS. APPLICATION TYPE:				
				ZONING CHANGE
I (WE) HEREBY CERTIFY that I am (we are)			operty described as follows:	
ADDRESS OF PROPERTY:		STREET ADDRESS		
LEGAL DESSCRPTION:	BLOCK		LOT OR TRACT	
I (WE) HAVE AUTHORIZED the following indiv				
AGENT:				
NAME			PHONE	
	ADDRESS			
I (WE) UNDERSTAND, CONCUR AND AFFIRM	A :			
owner(s), it is my/our responsibility to ensite the property is maintained in a condition so and that compliance with all applicable Cir I (WE) HEREBY EXECUTE THIS AFFIDAVIT	o as not to jeo ty of Belen or	pardize the health dinances is requir	, safety or welfare of others red, and	
OWNER 1:	AC	ACKNOWLEDGED, SUBSCRIBED, AND SWORN		
BY:	to b	efore me this	day of,	
SIGNATURE BY: PRINTED NAME	20	, by		
	Not	Notary Public		
	Му	commission expir	es:	
STATE OF NEW MEXICO)) SS COUNTY OF VALENCIA)				
(ADDITIONAL OWNERS: ATTACH SEPARATE SHEETS AS NECESSARY)				