Property owner MUST fill out all information and sign to authorize applications for entitlements.

REQUIRED*	PROPERTY OWNER INFORMATIO	N	
BUSINESS NAME:			
CONTACT NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			
FAX:			
EMAIL:			
Form, the Property Owner(s) is <u>r</u> the applicant to file the request(s		e applicant identified on the t below or submit a written st	Project Submittal atement authorizing
PROPERTY OWNER AUTHO			
I hereby authorize to process this application with the	ne City of Tempe	(applicant business nan	ne/contact name)
	Property Owner's Sig	gnature	
Required if Property Owner is different than Business Owner	BUSINESS OWNER INFORMATION	V	
BUSINESS NAME:			
CONTACT NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			
FAX:			
EMAIL:			
Required if Business Owner is different than Applicant	APPLICANT INFORMATION		
BUSINESS NAME:			
CONTACT NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			<u>'</u>
FAX:			
EMAIL:			
	REQUIRED SIGNATURE		
I,, agree that all items required for formal submittal as noted on page 1 have been submitted and is complete. If the submittal is incomplete in any respect, I understand there will be a delay in processing.		Applicant Signature	 Date