CITY OF Albany GEORGIA

VERIFICATION OF OWNERSHIP

Name of all owners: _____

_____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Property Location (give description if no address):

_____

_____

_____

I am the owner of the property listed above, which is the subject matter of the attached application, as shown in the records of the City of Albany, or Dougherty County.

_____ _____

Owner Signature (all owners must sign) Owner Signature (all owners must sign)

Personally appeared before me_____, who has stated that the information on this form is true and correct.

_____ _____

Notary Public Date

In my absence, I authorize the person named below to act as the applicant in the pursuit of action for the attached application.

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____