City of Logansport
Consent of Property Owner

I (we) _____ confirm the following
PROPERTY OWNER NAMES(S)

That I/we are the owner(s) of the real estate located at:

_____
PROPERTY ADDRESS

That I/we have read/examined the Application and are familiar with its contents.

That I/we give consent to _____
NAME OF LESSEE/PERMIT APPLICANT

to make such changes as listed on the application.

_____ _____ _____
Property owner Signature PRINTED DATE

STATE OF INDIANA (COUNTY OF _____) ss:
BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE, PERSONALLY APPEARED:

_____
PROPERTY OWNER

WHO ACKNOWLEDGED THE EXECUTION FOR THIS FOREGOING INSTRUMENT AS HIS/HER VOLUNTARY ACT AND DEED FOR WITNESS MY HAND AND NOTARY SEAL THIS _____ DAY OF _____, 20____.

_____ (SEAL)
COUNTY OF RESIDENCE

_____
MY COMMISSION EXPIRES

_____ _____
NOTARY PUBLIC SIGNATURE PRINTED NAME