

## AFFIDAVIT FOR APPEAL REQUEST

I (we), being first duly sworn, depose and say that the information contained in and attached to this application are honest and true to the best of my (our) knowledge and belief.

I (we) understand that this application must be completed and accurate before a hearing can be advertised. I (we) further permit the noted applicant/representative to act on my (our) behalf in any matter regarding this petition.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Identification Provided

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Identification Provided

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Identification Provided

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Official Notary Signature & Seal)

\_\_\_\_\_  
Commission Expiration Date