

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.

Authorized Signature:

Printed Name:

Address (include ZIP):

Date: 04/17/2024

Authorized Signature:

Printed Name:

Address (include ZIP):

Date: 4/17/24

Authorized Signature:

Printed Name:

Address (include ZIP):

Date:

(For office use only)		
Received by:	Date:	Receipt Number: