

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: HIREN PATEL

Date: 7/31/24

Address (include ZIP): 115 W. JACKSON ST. SUITE 2D, RIDGELAND, MS 39157

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address (include ZIP): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address (include ZIP): \_\_\_\_\_

(For office use only)

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_