CITY OF FILER
Planning & Zoning Department
300 Main Street
P.O. Box 140
Filer, ID 83328

Phone: 208-326-5000
Fax: 208-326-5002
www.cityoffiler.com

AFFIDAVIT OF LEGAL INTEREST

State of Idaho)
) ss
County of Twin Falls)

I, _____,
(Printed Name)

_____, _____, _____
(Address) (City) (State)

being first duly sworn upon oath, depose and say:

(If Applicant is also Owner of Record, skip to B)

A. That I am the record owner of the property described on the attached application, and I grant my permission to _____
(Name)

_____, _____, _____
(Address) (City) (State)

to submit the accompanying application pertaining to that property.

B. I agree to indemnify, defend and hold the City of Filer and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, 20 _____

_____
(Signature)

Subscribed and sworn to before me the day and year first written above.

_____
(Notary Public for Idaho)

Residing at: _____

My Commission Expires: _____