

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared

_____, the owner(s) of: _____ (property
tax identification number and address or property of street name)

_____ who, under
oath, deposes and says as follows:

- 1). That the following is a list of all property owners being within a 300 foot radius of the property described above.
- 2). I understand that I or a representative must attend the hearing in order for the request to be heard.

FURTHER AFFIANT SAYETH NOT.

APPLICANT'S SIGNATURE

DATE OF SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF
_____, 200__

NOTARY PUBLIC
STATE OF FLORIDA

MY COMMISSION EXPIRES