LAND OWNER AFFIDAVIT

This is to certify that I, (We),	Michelle Champagne	
This is to certify that i, (vve),	(Property Owners Name or State Corporation Name (inc	lude Corp Officer) as it appears on Property Appraiser)
as the owner of the below des	cribed property:	
Property tax Parcel ID number	24-5S-16-03706-008	
Subdivision (Name, Lot, Block, Phase	***************************************	·
Give my permission for Samuel Downing (Name of person authorized to sign as owner or place a structure)		to place a
	Travel Trailer Outility Pol	
	l OGarage OCulvert OO	
on the parcel number I (we) h waste and fire protection serv	med person(s) above will be allowave listed above and this could relices levied on this property. Likell Lamp Signature County County	esult in an assessment for solid
Printed Name of Signor	Signature	Date
Printed Name of Signor	Signature	Date
Printed Name of Signor	Signature	Date
Sworn to and subscribed befo	re me this 21 day of Mach	, 20 <u>2ς</u> by
physical presence or	online notarization and this (tl	nese) person(s) are personally
known to me or produce	ed ID DC.	
Printed Name of Notary	Signature	
Notary Stamp	~~	

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Samuel Downing	
(Figherty Owners Name of State Corporation Name (include Corp Officer) as it app	ears on Property Appraiser)
as the owner of the below described property:	
Property tax Parcel ID number 24-5S-16-03706-008	
Subdivision (Name, Lot, Block, Phase)	
Give my permission for Michelle Champagne to place a structure)	lace a
Select one: Mobile Home Travel Trailer Utility Pole Only Sing	
Barn Shed Garage Culvert Other (specify)	•
I (We) understand that the named person(s) above will be allowed to receive a on the parcel number I (we) have listed above and this could result in an assess waste and fire protection services levied on this property.	
Samuel Downing Signature Signature	3-2/-25 Date
Printed Name of Signor Signature I	Date
Printed Name of Signor Signature	Date
Sworn to and subscribed before me this 21 day of Mach, 2025	_by
physical presence or online notarization and this (these) person(s) a	re personally
known to me or produced ID _ D	
Broderick Pact Printed Name of Notary Notary Stamp	