## AFFIDAVIT TO BE COMPLETED BY APPLICANT/OWNER

St	ate of } ss:
County of }	
	being duly sworn, deposes and says:
1.	That he/she resides at in the County of
	and the State of That he/she is the Owner / Agent
	of the Owner of the within property as described in the foregoing application for Subdivision /
	Site Plan / Special Use Permit approval(s) and that the statements contained therein are true to the best of his/her knowledge and belief.
2.	That we hereby authorize, of, to act as
	our representative in all matters regarding the application that may come before the Town of
	Washington Planning Board.
3.	That he/she has the legal right to make or authorize the making of said application.
4.	That he/she understands that the Town of Washington Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.
Ap	plicant/Owner Applicant/Owner
No	otary Public