



## Property Owner Information & Affidavit

**CITY OF TITUSVILLE**  
**555 S Washington Ave.**  
**Titusville, FL 32796-3584**

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Owner Telephone: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_  
Business Owner/Authorized Agent

**Property Owners Affidavit**, I certify that I am aware and approve of the parties above doing business on my property, as stated above, providing that they maintain compliance with all applicable laws regulating business operations in the City of Titusville.

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

Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name)

Personally Known  or Produced Identification

Type of I.D. Produced \_\_\_\_\_