



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 _____