



REQUEST FOR CHANGE OF ADDRESS

Community Development Department
 220 East Morris Avenue Ste 200
 South Salt Lake City, UT 84115
 801.483.6011 Fax 801.483.6060
www.southsaltlakecity.com

PROPERTY INFORMATION		
Date of Submission	Parcel #(s)	
Current Property Address(s)		
Proposed Property Address(s)		
Describe the purpose of requested change in address(s)		
Property Owner(s)		
Address		
City	State	Zip
Phone number		
Contact Person (if different then above)		Address
Phone		City
Cellular	Fax	e-mail
OFFICE USE ONLY		
Received by		Date received

PROPERTY OWNER'S AFFIDAVIT

I/we _____, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

Owner's Signature

Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this ___ day of _____ 20 _____.

Notary Public
Residing in Salt Lake County, Utah
My commission expires: _____

AGENT AUTHORIZATION

I/we, _____, the owner(s) of the real property located at _____, South Salt Lake City, Utah, do hereby appoint _____ as my/our agent to represent me/us with regard to this application affecting the above described real property located in the City of South Salt Lake, and authorize _____ to appear on my/our behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the ___ day of _____, 20 ____, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public
Residing in Salt Lake County, Utah
My Commission expires: _____