

## Boundary Line Adjustment/Parcel Combination Application Authorization Page

PROPERTY OWNER'S AUTHORIZATION (use additional sheets if needed)	
Parcel A	
	name), being duly sworn, attest that I am a property owner owning I that I authorized the submittal of a boundary line adjustment on ent Services for review.
Signature	Date
Parcel B	
	name), being duly sworn, attest that I am a property owner owning I that I authorized the submittal of a boundary line adjustment on ent Services for review.
Signature	Date
State of Washington	
County of	
	SIGNED AND SWORN TO BEFORE ME THIS
	DAY OF, 20
Notary Seal	
	Signature of Notary Public
	Printed Name
	My appointment expires: