City of St. Augustine Conservation Program

Property Nomination Form

ARE YOU THE PROPERTY OWNER?   YES_____   NO_____

If no, please fill out the Agent Authorization Form at the bottom of this form (last item).

A.   PROPERTY OWNER/AGENT CONTACT INFORMATION:

Name: _____

Address:

_____

_____

Phone: _____   Email: _____

B.   PROPERTY INFORMATION

Parcel Owner: _____

Parcel Address:

_____

_____

Full Parcel Identification Number(s) (not required): _____

Are you proposing to sell the entire parcel? YES_____   NO_____

WILLING SELLER STATEMENT

By signing below, I hereby express my desire to have my property considered for acquisition under the City of St. Augustine's Conservation Program. I express my willingness to sell my property after successful negotiations.

Owner Name (Printed)   Owner Signature

_____   _____

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AUTHORIZATION TO ENTER PROPERTY

I, _____, the owner or the owner's representative of the property described below agree that from the date this Authorization is executed, staff from the City of St. Augustine, upon reasonable notice, shall have the right to enter the property located at

_____

for the purposes of evaluating the property for acquisition consideration by the City of St. Augustine's Conservation Program.

Owner/Agent Name (Printed)   Owner/Agent Signature

_____   _____

Date: _____

OWNER'S AUTHORIZATION FOR AGENT

_____ is/are hereby authorized TO ACT ON BEHALF OF the owner(s) of those lands described within this application in applying to the City of St. Augustine's Conservation Program:

Property located at: _____

By:_____

        Signature of Owner

_____

        Print Name of Owner

_____

        Telephone

        Sworn to and subscribed before me by means of [_] physical presence or [_] online notarization, on this _____ day of _____, 20___.

                    Notary Public:_____

                    My Commission Expires:_____

[__] Personally known to me -**OR**- [__] Produced identification

Type of identification produced:_____