CITY OF LEWISVILLE P. O. Box 160 Lewisville, ID 83431	AFFID	AVIT OF LE	GAL INTEREST
STATE OF IDAHO) : SS COUNTY OF JEFFERSON)			
I			
Name		ŀ	Address
City		<i>S</i>	State
Being the owner of record of the propermission to:			
To submit the following application	pertaining to t	hat property (chec	k all that apply):
 Preliminary Plat Final Plat Variance Conditional Use Permit I agree to indemnify, defend and hol from any claims to liability resulting herein or as to the ownership of the provident of the provi	, from any disp	Annexation Rezone to Lewisville and its e pute as to the states	Plan Amendment
	Dated	l this day of	20

Cale.

Signature SUBSCRIBED AND SWORN to before me the day and year first above written.

Notary Public for Idaho Residing at: _____ My Commission Expires: _____

(SEAL)