



Property Owner Consent Form

140 South 3rd Street
Central Point, OR 97502
541.664.3321

www.centralpointoregon.gov

I/we, _____, the property owner(s) of
[Insert property owner name(s)]

_____, identified on the Jackson County Assessor’s Map as
[Insert site address]

_____, hereby consent to the filing of an application for
[Insert Map and Tax Lot number(s)]

_____ on said property, and will allow _____
[Insert Project Name] [Insert Agent Name]

to represent me before the City of Central Point approving authority.

PROPERTY OWNER SIGNATURE(S) *(Attach additional pages if needed)*

Print Name

Signature Date

Print Name

Signature Date

Print Name

Signature Date