

Wells County Area Plan Commission

Wells Carnegie Government Annex
223 W. Washington St., Room 211
Bluffton, Indiana 46714
Phone 260-824-6407

I (We), _____ do hereby appoint
(Petitioner's Name)
_____ to represents me (us) in the matter
(Representation's Name)
before the _____ at their meeting
(Board's Name)
on the ____ day of _____, 20__, regarding the following described real estate by me (us):
(Meeting Date)

DESCRIPTION:

_____ Acres, ____/4, Section _____, Township _____N, Range ____E

(or)

Lot No. _____, _____ Addition,

In the City/Town of _____,

I (We) hereby understand fully that an agent appearing on my (our) behalf as the land owner (s) of the above described real estate must provide this certificate to the Well County Area Plan Commission Office and that statements made by my (our) representative SHALL be binding on me (us) as the owner(s) of said real estate.

I (We) affirm under the pains and penalties for perjury that the foregoing representation are true.

Dated: _____

Signed: Real Estate Owner

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