DISCLOSURE OF INTEREST AFFIDAVIT

BEFORE ME this day appeared	, who, being
That I am the record owner, or a legal representative of the representative of the representative and its located at and its Application for zoning action (hereinafter the "Property").	
 That I am familiar with the legal ownership of the Property. knowledge of the names of all individuals that have an ownership interest in the Property. 	
[OPTIONAL PROVISION IF APPLICANT IS CONTRACT PURCHASER: familiar with the individuals that have an ownership interest in the legal contract to purchase the Property.]	
3. That, unless otherwise specified in paragraph 6 below Employee, County Commissioner, or Hearing Examiner has an Owners Property or any legal entity (Corporation, Company, Partnership, Lin Trust, etc.) that has an Ownership Interest in the Property or that I purchase the Property.	hip Interest in the nited Partnership,
4. That the disclosure identified herein does not include any beneficial Ownership Interest that a Lee County Employee, County Commissioner, or Hearing Examiner may have in any entity registered with the Federal Securities Exchange Commission or registered pursuant to Chapter 517, whose interest is for sale to the general public.	
5. That, if the Ownership Interest in the Property changes and results in this affidavit no longer being accurate, the undersigned will file a supplemental Affidavit that identifies the name of any Lee County Employee, County Commissioner, or Hearing Examiner that subsequently acquires an interest in the Property.	
6. Disclosure of Interest held by a Lee County Employee, County Commissioner, or Hearing Examiner.	
Name and Address	Percentage of Ownership

true to the best of my knowledge	and belief.	
	Property Owner	
	Print Name	
***********NOTE: NOTARY PUBLIC IS NOT REQUIRED FOR ADMINISTRATIVE APPROVALS********* ALL OTHER APPLICATION TYPES MUST BE NOTARIZED		
STATE OF FLORIDA COUNTY OF LEE		
means of physical presence or by	as sworn to (or affirmed) and subscribed before me by online notarization, on (date) (name of person providing oath or affirmation), who has produced tion.	
STAMP/SEAL	Signature of Notary Public	