



# COUNTY OF ELBERT



## COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7  
215 COMANCHE STREET  
KIOWA, COLORADO 80117  
303-621-3136 FAX: 303-621-3165  
cds@elbertcounty-co.gov

### DISCLOSURE LETTER

PROJECT NAME: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

I/We, \_\_\_\_\_

do hereby acknowledge my/our full awareness of the application/request being presented to Elbert County by

\_\_\_\_\_ for the parcel of land indicated, and for the reason(s) noted on the completed application/request submittal.

I/We hereby acknowledge the person(s) noted is/are my/our authorized representative(s) in the matter.

I/We hereby grant permission for the Elbert County Community & Development Services Department, or any referral agency they require, to access the parcel of land indicated for reasons of reviewing and evaluating the land use application.

Signature(s):

\_\_\_\_\_

PRINT NAME AND COMPLETE ADDRESS OF PROPERTY OWNER(S) BELOW:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State of \_\_\_\_\_ )

) ss:

County \_\_\_\_\_ )

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_