

# AFFIDAVIT OF POSTING



3609 Market Place W, Suite 200  
University Place, WA 98466-4488  
PH: 253.566.5656

APPLICATION NUMBER: \_\_\_\_\_

NUMBER OF SIGNS: \_\_\_\_\_

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

I, \_\_\_\_\_, (applicant/applicant's agent), for the application number above, being duly sworn on oath, deposes and says: That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I posted a sign, prominently displayed, at the site relating to the application number above as required by the City of University Place Planning and Development Services Department.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

STATE OF WASHINGTON            )  
  ) ss  
COUNTY OF \_\_\_\_\_        )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington,  
residing at:  
\_\_\_\_\_

NOTE: This original affidavit must be returned to the City of University Place Planning and Development Services Department, as soon as sign has been posted.