

AFFIDAVIT OF POSTING



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

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.