

## PLANNING DEPARTMENT

## **Additional Property Owners Sheet**

<b>Additional Property</b>	Owner Contact No. <u>3</u> :			
Contact Person:	First Name	Middle Name	Last Name	
E-mail Address:				
Mailing Address:	Street Number	Street Name	Unit or Suite	
Cit	v.	State	Zip Code	
Daytime Phone No.:	,	Mobile Phone No.:	Σίρ σσασ	
Printed Name of Pro	perty Owner	Signature of Property Owner	Date Signed	
Additional Property	Owner Contact No. <u>4</u> :			
Contact Person:	First Name	Middle Name	Last Name	
E-mail Address:				
Mailing Address:	Street Number	Street Name	Unit or Suite	
Cit	'y	State	Zip Code	
Daytime Phone No.:		Mobile Phone No.:		
Printed Name of Prop	perty Owner	Signature of Property Owner	Date Signed	
Additional Property Owner Contact No. <u>5</u> :				
Contact Person:	First Name	Middle Name	Last Name	
E-mail Address:				
Mailing Address:	Street Number	Street Name	Unit or Suite	
Cit	iv.	State	Zin Code	

## **Additional Property Owners Sheet**

Daytime Phone No.:	Mobile Phone No.:			
Printed Name of Property Owner	Signature of Property Owner	Date Signed		
FOR COUNTY OF RIVERSIDE USE ONLY				
Plan No:				
Set ID No., if applicable	Application Filing Date:			
Print staff name and title:				

 $Y: \label{thm:local_property_Owners_Sheet.docx} Y: \label{thm:local_property_Owners_Sheet.docx} Revised: 02/14/2024$