

**DOWNTOWN LYONS FALLS
SMALL PROJECT FUND
(DLFSPF) APPLICATION**

Attachment 2

Property Owner Authorization Form

I, (owner name) _____, as the owner of the property at
(property address) _____ have reviewed
the application and authorize the operator of (operator/ DLFSPF applicant name) _____
_____ at said address to perform the
improvements described above as part of the Downtown Lyons Falls Small Project Fund.

Signature of the property owner or authorized representative

Printed Name:

Date:

The property I am requesting Downtown Lyons Falls Small Project Fund, is owned by me,
therefore, the above Section of this form is not applicable.

By initialing the box to the right, I am attesting that I own the property
regarding this application and the above Property Owner Authorization
does not apply.