



City of Salina
P.O. Box 736
Salina, KS 67402-0736

Property Owner Consent Form

City of Salina Planning Division
300 W Ash
Salina, KS 67401
785-309-5720

I, _____ am the legal owner of the property located
(Owner's name, printed)

at _____, identified as Parcel Identification Number
(Address or Street Name)

_____, located in Salina, KS.
(Parcel ID)

I certify that I am the owner of the property above and that I have read the application and consent to its filing.

(Property Owner Signature)

(Date)

****If one property has multiple owners, a separate signed Property Owner Consent Form is required for each owner.**