



# ADDITIONAL OWNERS / AGENTS

## SUBMITTAL SUPPLEMENTAL

Yakima County Public Services

128 North Second Street · Fourth Floor Courthouse · Yakima, Washington 98901  
(509) 574-2300 · 1-800 572-7354 · FAX (509) 574-2301 · [www.co.yakima.wa.us](http://www.co.yakima.wa.us)

FINAL  
Revised: 10/1/15

### Applicant Information:

By signing this form, I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s) in land use and hereby give Yakima County Permission to enter my property during the course of this review to inspect my property as needed. **Additionally, I hereby agree to pay all fees associated with the processing of this application from submittal to the issuance of the final decision.**

(If the property is owned by a corporation or LLC please attach documentation showing that the person signing has the authority to sign on behalf of the corporation or LLC.)

**Additional Property Owner:** \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Property Owner:** \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Property Owner:** \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Agent/Applicant:** \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Agent/Applicant:** \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Company (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_