

6015 Glenwood Street Garden City, Idaho 83714 Phone 208/472-2921 Fax 208/472-2996 www.gardencityidaho.org

AFFIDAVIT OF USE

Sta	ate of Idaho)		
Сс) ss. ounty of Ada)		
	ame:		
N	lailing Address:		
Е	-mail Address:		
Р	hone #: ()		
		CERTIFIES BY A WRITTEN DECLARATION UNDER	
PE	NALTY OF PERJURY:	CERTIFIES BY A WRITTEN DECLARATION UNDER	
1.	parcel,	, Garden City, Idaho, 837, was previously utilized for the use of from the date of until a date of	
2. During or since the abovementioned use at this location:			
		ange or expansion of the structure or use at this property; or expansion of the structure or use at this property.	
		e or expansion of the structure or use at this property, such	
3. During or since the abovementioned use at this location:			
	[] There has <u>not</u> been any abandonment of the structure or use at this property; or [] There has been abandonment of the structure or use at this property.		
		ment of the structure or use at this property, the details and were:	
4.	During or since the abovementi	oned use at this location:	
	[] The structure has <u>not</u> been	destroyed or damaged; or	

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[] The structure has been destroyed	d or damaged.	
	ed or damaged, the percentage of its current assessed was:	
5. I acknowledge by my signature that a	at this location:	
 I will not change or expand the structure or use at this property; or I request that I be permitted to change or expand the structure or use at this property. 		
· · · · · · · · · · · · · · · · · · ·	nitted to change or expand the structure or use at this se or expansion is:	
I acknowledge by my signature the Ada County Recorder by the City of	hat the instant Affidavit of Use may be recorded with Garden City.	
I acknowledge by my signature abovementioned claims and information	e that the City of Garden City may investigate the	
	e that if the City of Garden City investigates the ion and finds it to be inaccurate, the City has the right	
Garden City and its employees harmles	that I agree to indemnify, defend and hold the City of its from any claim or liability resulting from any dispute and I am wholly responsible for the accuracy of the	
DATED this day of, 20	·	
State of Idaho)	Signature	
) ss. County of Ada)		
notary public, personally appeared	, 20, before me,a	
S E A		
A L	Notary Public My Commission Expires:	

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