

Property Owner Consent Form
Voluntary AG-R Zoning Program

I, _____, certify that I am the legal owner of the property
(Owner(s) Name)

located at _____ with the following legal description:
(Address)

(either below or attached)

wish to have my property at the above address rezoned to AG-R (Agricultural-Residential) and consent to including my property in an application to rezone to AG-R, for consideration by the TMAPC and City Council.

Date: _____

Signature: _____

Contact information

Phone: _____

Email: _____

Address: _____

City, State, ZIP: _____