

OWNER ASSURANCES – Attachment B

This attachment must be completed and executed by the owner of record, except for an acquisition.

Name of Owner: _____	Name of Co-Owner: _____
Home Address: _____	Home Address: _____
_____	_____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone number: _____	Phone number: _____

I/we understand the purpose of the application to be submitted to the County of Morris and I/we hereby agree to its submission. I/we agree that the listing of the property in the New Jersey or National Registers of Historic Places will be a condition of a grant. (If applicant leases the property) I/we also confirm that a valid lease is in effect*.

_____ Signature of Owner	_____ Signature of Co-owner
_____ Print Name	_____ Print Name
_____ Title	_____ Title
Date: _____	Date: _____

* Attach a copy of the lease to this Assurance.