



Request for Parcel(s) Evaluation

Mail or Deliver To: Orange County Environmental Protection Division
3165 McCrory Place, Suite 200
Orlando, Florida 32803
(407) 836-1400, Fax (407) 836-1499
GreenPLACE@ocfl.net

Please use this form when requesting Orange County's Green PLACE Program to evaluate a parcel(s) for either fee simple donation or acquisition.

Date Submitted:

SECTION 1

OWNER(S) OF THE LAND
Name:
Title and Company:
Address:
City: State: Zip:
Telephone and Fax: Email:
AUTHORIZED AGENT(S)
Name:
Title and Company:
Address:
City: State: Zip:
Telephone and Fax: Email:

SECTION 2 - GENERAL INFORMATION

- Street Address:
Tax Parcel ID(s)
Legal Description:
Agent Authorization Form (if applicable)

SECTION 3

By signing this form, I am requesting or I am requesting on behalf of the property owner, that Orange County's Green PLACE Program evaluate the referenced parcel(s) for donation or acquisition.

Typed/Printed Name of Owner or Authorized Agent

Signature of Owner/Agent

Date

(Corporate Title if applicable)

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I am either the property owner described in this application or I have the legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by personnel from Orange County necessary for the evaluation of the property. I authorize the personnel to enter as many times as may be necessary to make such evaluations.

Typed/Printed Owner name (or legal authority)

Signature

Date

(Corporate Title if applicable)

AGENT AUTHORIZATION FORM

FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA

I/WE, _____ (PRINT _____ PROPERTY _____ OWNER _____ NAME)

_____, AS THE OWNER(S) OF THE

REAL _____ PROPERTY _____ DESCRIBED _____ AS _____ FOLLOWS,

_____, DO HEREBY

AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME),

_____, TO EXECUTE ANY PETITIONS OR

OTHER DOCUMENTS NECESSARY TO AFFECT THE REQUEST AND MORE SPECIFICALLY

DESCRIBED AS FOLLOWS, _____,

AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY

CONSIDERING THIS REQEUST AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE

REQUEST.



Date: _____

Signature of Property Owner

Print Name Property Owner

Date: _____

Signature of Property Owner

Print Name Property Owner

Date: _____

Signature of Property Owner

Print Name Property Owner

Date: _____

Signature of Property Owner

Print Name Property Owner

STATE OF FLORIDA
COUNTY OF _____

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: