

Return Address:

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## Affidavit of Correction of Plat

<b>Recording Number:</b>	Permitting File Number					
	<b>Approvals</b>					
	<b>Department of Local Services, Permitting Division</b>			<b>Department of Assessments</b>		
	Examined and approved this ____ day of _____ 20 ____			Examined and approved this ____ day of _____ 20 ____		
	PERMITTING			ASSESSOR		
	Examined and approved this ____ day of _____ 20 ____			Examined and approved this ____ day of _____ 20 ____		
	DEVELOPMENT ENGINEER			DEPUTY ASSESSOR		
			ACCOUNT NUMBER			
Quarter Section, Township and Range	¼ of	¼,	Section	Township	Range	

GRANTOR None	GRANTEE None
LEGAL DESCRIPTION	

