



Planning & Development Services

Boise City Hall, 2nd Floor
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Website: www.cityofboise.org/pds

Affidavit of Legal Interest

State of Idaho)
) ss
County of Ada)

I, Eran Fields,
Name

3954 Hopevale Drive
Address

Sherman Oaks,
City

CA 91403
State

being first duly sworn upon oath, depose and say:

(If Applicant is also Owner of Record, skip to B)

A. That I am the record owner of the property described on the attached, and I grant my permission to _____
Name Address
to submit the accompanying application pertaining to that property.

B. I agree to indemnify, defend and hold Boise City and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this 19th day of October, 2015

Signature [Handwritten Signature]

Subscribed and sworn to before me the day and year first above written.



see attachment
Notary Public for Idaho

Residing at: _____

My commission expires: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

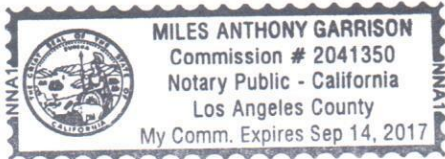
1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 19th day of October, 2015
 by Date Month Year
 (1) Eran Fields



(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature _____
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title of Document: _____ Document Date: _____

Number of Signer(s) Other Than Named Above: _____

