

Commercial Façade Improvement Program for BIAs PHOTO / IMAGE CONSENT FORM

I, (print full name) _____, am the commercial property owner of _____ that is the subject of this application.

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Name of the Owner (please print)

Signature of Owner

Date: _____

Owners Contact Information:

Mailing Address: _____

City & Postal Code: _____

Telephone (Business): _____

Telephone (Residence): *optional* _____

Cell Phone: *optional* _____

Fax: *optional* _____

Email: *optional* _____

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