



**No, I do not want to be put on a list of consideration for the possible sale of my property.**

NAME:

PARCEL NO:

MAILING ADDRESS:

CITY, STATE:

ZIP CODE:

SITE ADDRESS:

CITY, STATE:

ZIP CODE:

PHONE: Home:

Cell:

Email:

SIGNATURE(s): \_\_\_\_\_

\_\_\_\_\_

DATE:

**Please return this form to the above address.**