

PROPERTY OWNER AUTHORIZATION FORM

We, New Life Fellowship hereby authorize  
(Property Owner(s) – Please Print)

Jessica M. Lawless, representative for New Life Fellowship Child Care Ministry  
(Applicant's Name) (Company, Firm, Organization)

to make application for a Conditional Use Permit to  
(Type of Permit)

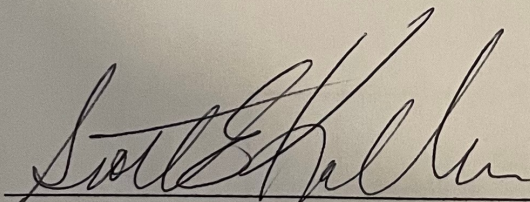
Operate a child care ministry at  
(Description of Proposed Work)

1542 Clifty Dr

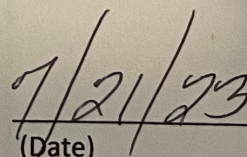
(Property Address)

Madison, IN 47250

(City, State, Zip Code)



(Property Owner Signature)



(Date)