

## **PLANNING & STUDENT SERVICES**

7387 S. Campus View Drive • West Jordan, UT 84084 PHONE: 801-567-8251 • FAX: 801-567-8061 Travis Hamblin, Consultant

## **Affidavit of Rental**

I,, (Landlord/Owner)	, do hereby attest that the property located (Landlord/Owner)		
at(Property Address)			
tenant(s)(Tenant(s) Name)	as of the _	day of	(Month)
in the year of (Year)			
Landlord/Owner Contact Information	<u>n:</u>		
Name:			
Mailing Address:			
Phone Number:			
Landlord/Owner Signature:		Date:	
State of Utah			
County of Salt Lake			
Subscribed and sworn to before me on this _	day of		, in the year
20, by(Landlord/Owner)	·		
(Notary Public)		(Sea	al)