



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 (360) 754-4180
 Email: cdd@ci.tumwater.wa.us

**TITLE ELIMINATION
 Application**

TUM - _____ _____ RCVD BY	DATE STAMP
------------------------------------	------------

Application fee: \$170.00

PROJECT ADDRESS: _____ **Parcel # :** _____

LEGAL OWNER: _____ **Email:** _____

Owner's Mailing Address: _____

Owner's Telephone(s) (with area codes): _____

APPLICANT: _____ **Email:** _____

Applicant's Mailing Address: _____

Applicant's Telephone(s) (with area codes): _____

SUBMITTAL REQUIREMENTS

- Copy of completed permit application
- Verification of approved final inspection
- Verification that property tax, vehicle license fees, excise tax, use tax, real estate tax, and recording fees are paid
- Verification that the legal description of the land is true and correct per real property records

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am the owner of this property or am authorized by the owner to perform the work for which this permit application is made. I further agree to hold harmless, the City of Tumwater as to any claim (including costs, expenses, and attorney fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Tumwater, to the extent such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

 Signature of Owner/Representative

 Date

 Print Name