



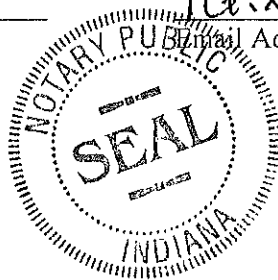
6. I understand that by completing this affidavit the City of Bloomington may issue the person noted in paragraph three (3) above a Warning or a Notice of Violation. I further understand that if said person is issued a Notice of Violation he/she will have the right to file certain appeals. In the event said person files an appeal, whether it be to a Board of the City and/or the Monroe County Circuit Court, I understand and agree that I will make myself available to the City of Bloomington's Legal Department to testify, under oath, to the statements I have made in this Affidavit.

8/28/17  
Date

[Signature]  
Affiant

812-333-9579  
Phone Number of Affiant

dixon@grantprops.com  
Email Address of Affiant



STATE OF INDIANA )  
                                  )SS:  
COUNTY OF MONORE )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 28<sup>th</sup> day of August ~~200~~ 2017.

DANIEL BIKLEN  
Notary Public's Name

[Signature]  
Signature of Notary Public

My Commission Expires:  
8/9/23