		City of Trac 333 Civic Center Plaz Tragy, CA 9527
TRACY		Tracy, CA 9537 DEVELOPMENT SERVICE DEPARTMEN
		MAIN 209.831.640
Build Inside the Triangle ³⁴	vate Pool Demolition Affidavit	FAX 209.831.643 www.ci.tracy.ca.u
I/We(Legal Name(s) of Prop	, herby certify that I a erty Owner(s))	am/we are the owner(s)
of the property located at		<u>.</u>
and backfilled. As the owner(s) I/we ackn which the said pool and/or spa was/were I was/were backfilled without benefit of a c	soils and compaction report will be require	re construction over the area in lowledge that the pool and/or spa
Attested to by:		
Owner – Print First & Last Name	Owner Signature	Date
Owner – Print First & Last Name	Owner Signature	Date
Section Below	w Requires Completion by a Notary P	ublic
Acknowledgement	A notary public or other officer completing	
State of California County of	identity of the individual who signed the attached, and not the truthfulness, accur	
On before me,	, pe	ersonally appeared
executed the same in his/her/their authoriz	, who proved to me on the bas ibed to the within instrument and acknowl zed capacity(ies), and that by his/her/their which the person(s) acted, executed the in	edged to me that he/she/they signature(s) on the instrument
I certify under PENALTY OF PERJURY true and correct.	under the laws of the State of California th	hat the foregoing paragraph is
WITNESS my hand and official seal.		
Signature of Notary Public	(Seal)	
		ink Inside the Triangle [™]