



Town of Avon
2022 Deed Restriction Compliance Survey

I, _____, hold legal title to the property located at
(print name of property owner)
the following street address: _____ ("Property").
(street number, street name, apt or unit #)

Email _____

CHECK ONE:

A. I occupy the Town of Avon unit as my sole place of residence in accordance with the Deed Restriction Agreement.

OR

B. I am approved by the Town of Avon to lease my Property and I lease the Property to a "qualified tenant" as defined in the Deed Restriction Agreement.

Tenant name(s) _____

Tenant phone: _____

Tenant email: _____

Tenant Mailing address: _____

ACKNOWLEDGEMENTS (to be completed by resident property owner, OR by tenant if the Property is leased):

1. I verify and acknowledge that I have no ownership interest in any other residential property in Eagle County and that the Property is my exclusive and permanent place of residence as required by the Deed Restriction Agreement.

2. I have worked an average of thirty (30) hours per week on an annual basis for the previous year in Eagle County.

3. I verify and acknowledge that for the previous year I have been employed by the following employer(s)

_____ (employer)

_____ (employer).

I SWEAR THE FORGOING ACKNOWLEDGEMENTS ARE TRUE:

BY: _____ DATE: _____

(signature of owner, or lessee if leased)