

AFFIDAVIT OF ABUTTER NOTICE

I, _____, on _____, 202_
(Project Representative) (Date)

On behalf of Project: _____
(Application Title)

(Application Street Address) (Plat) (Lot)

mailed notices by Certified Mail to all abutting property owners and persons within the

required _____ foot radius of the subject parcel.

Print Name

Signature

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ 202_.

Notary Public
My Commission Expires: