Delaware County Open Space and Recreation Municipal Grant Program

# **Certificate of Title**

Submit with original signature(s) as part of all development (Enhance or Connect) grant applications

Applicant:

Project Title:

Property Tax Identification Number(s): Acreage: Property Name:

     

I hereby certify that the property(ies) on which the proposed rehabilitation/improvement is to be made, in accordance with the current round’s Application under the Delaware County Open Space and Recreation Municipal Grant Program, is in the name of:

Applicant:

I further certify that there are no easements, encumbrances, or restrictions on the property (ies) which would affect the proposed rehabilitation/improvement project except as herein listed:

Date       Solicitor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_