

WHEN RECORDED MAIL TO:
TOWN MANAGER
TOWN OF SAHUARITA
375 W SAHUARITA CENTER WAY
SAHUARITA, ARIZONA 85629
(520) 822-8800

**TOWN OF SAHUARITA
SAHUARITA, ARIZONA**

FULL RELEASE OF SUBDIVISION ASSURANCES

Subdivision Name: _____

Lot Numbers: _____

Trustee: _____

Trustee Number: _____

Agreement Date: _____

Recorded at DKT _____

, PAGE _____

Sequence No. _____

Whereas, as referenced above, the Town of Sahuarita and Trustee have entered into an Agreement which provides that Trustee shall not transfer, lease, sell or convey the property contained in the Subdivision without first obtaining the written approval of the Town of Sahuarita: and

Whereas, the agreement was made pursuant to A.R.S. Section 9-463.01 and the Town of Sahuarita Zoning Code, Section 18.69.070 in order to provide for improvements to be made upon the real property subject to the Subdivision plat; and

Whereas, such improvements have been completed in accordance with the Town of Sahuarita specifications for the lots listed above;

It is certified hereby, that Trustee has the Approval of the Town of Sahuarita to Transfer, lease, sell, or convey the above referenced lots in the Subdivision.

CERTIFICATION OF COMPLETION:

*Town of Sahuarita
Town Engineer*

Date

*Town of Sahuarita
Planning and Zoning Director*

Date

*Town of Sahuarita
Town Manager*

Date

STATE OF ARIZONA)

)ss.

County of Pima)

This instrument was acknowledged and executed before me this _____ day of _____, 20____, by _____ *L. Kelly Udall* _____, who acknowledged to be the Town Manager and that as such officer, being authorized so to do, signed the name of the Town of Sahuarita.

My Commission Expires:

Notary Public