

**Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.**

- **NARR (1,A,2.c.)**

I, \_\_\_\_\_, hereby attest that I am the lawful owner of  
the

property located at \_\_\_\_\_ .

I attest that I am aware the property is being used to operate a recovery residence and have  
given

permission to do so to the following recovery residence operator:

\_\_\_\_\_

#### Property Details

- Address:
- Recovery residence operator name:

I attest that the information provided above is true and accurate and fully understand that false  
information provided could result in non compliance with certification.

Date:

Full Name:

Your Signature:

Contact Information: