



Property Owner Consent Form

Owner Information		
Property Owner Name:		
Mailing Address:		
City/Town:	State:	Zip:
Phone:	Email:	
Designated Representative Information		
Representative Name:		
Mailing Address:		
City/Town:	State:	Zip:
Phone:	Email:	

I, _____, am the legal owner of the property located at _____ in _____ County. I do hereby authorize _____ to act as an agent on my behalf during the Idaho State Historical Society Easement Program's Annual Monitoring Visit, which is scheduled for _____.

By signing this document, I understand that:

- The above-named individual will meet Easement Program staff on the designated day and time and will grant Easement Program staff access to my historic easement property.
- The above-named individual and Easement Program staff will discuss areas that are in need of maintenance attention and any upcoming projects planned for the property.
- Easement Program staff will inspect the elements of my property held under easement and will take photographs to document their current conditions.
- I may be asked to participate in a scheduled virtual meeting with Easement Program staff to discuss the Annual Monitoring Report and any upcoming projects and/or maintenance.

In addition, I understand that if my designated representative is not present at the agreed upon time for the site visit, Easement Program staff will enter my property grounds and conduct an inspection on the exterior of the property.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Property Owner's Signature

Date