CITY OF EL CAJON

Redevelopment & Housing Division
200 Civic Center Way
El Cajon, CA 92020-3996
(619) 441-1710

Authorization to List Property

I (we), _____, authorize the City of El Cajon to include my/our property on the list of ***"City assisted homes for sale".*** I (we) understand that the list of "City assisted homes for sale" is published as an accommodation to property assistance to property owners whose property is currently encumbered by a deed of trust or other instrument to secure the financial assistance by the City of El Cajon or El Cajon Redevelopment Agency and that City staff reserves the right, in its sole discretion, to decline to list a home for sale (including properties being sold on a short-sale basis without prior approval of the City/Agency), or to remove any listing from the publication.

Property Information for inclusion on web site:

Request: New ☐ Amend ☐ Cancel/Remove ☐

Address: _____

Bed/Bath: _____

Price: _____

Program: _____

Realtor/Contact: _____

Phone: _____

Email: _____

I (we) certify that I (we) am/are the legally authorized owner(s) of the above-mentioned property or have been authorized to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. In consideration for said participation, I (we) hereby certify that the property information provided is true and correct as of the date set forth herein and further agree to indemnify and hold harmless the City of El Cajon, the El Cajon Redevelopment Agency, and their elected and appointed officers, officials, or any employee acting officially or otherwise, for any loss, damage or injury that is caused by any errors or omissions of the information contained herein and its subsequent placement of the City website.

Date: _____

_____ _____
Property Owner Signature Property Owner Signature

Delegation of Authority (Optional)

I (we), _____, delegate to _____, authority to list and to make revisions to the listing of the property above.

_____ _____
Signature of Delegate Date Delegate Phone