SCALE:

SHEET ___ OF ____

RECORD OF SURVEY

SURVEYOR'S STATEMENT

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Professional Land Surveyor's Act at the request of _____in _____, 20____.

_____

Lic. No._____Date:_____

COUNTY SURVEYOR'S STATEMENT

This map has been examined in accordance with Section 8762 of the Professional Land Surveyor's Act this ____ day of _____, 20___.

_____
County Surveyor (Deputy)

Lic. No._____

PURPOSE STATEMENT
The purpose of this survey is to satisfy the requirements of section 8762 _____ of the Professional Land Surveyor's Act.

BASIS OF BEARING STATEMENT

APN: