RECORD OF SURVEY

SURVEYORS' STATEMENT
The map correctly represents a survey made by me or under my direction in conformance with the requirements of the Professional Land Surveyors' Act of the State of ___________, ___ 20___

Lic. No. ___________ Date: ___________

COUNTY SURVEYORS' STATEMENT
This map has been examined in accordance with Section 6760 of the Professional Land Surveyors' 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 Surveyors' Act.

BASIS OF BEARING STATEMENT

APN: