AGENT AUTHORIZATION

DATE: _____

OWNER NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

_____

PROPERTY ADDRESS: _____

TO WHOM IT MAY CONCERN:

I _____ , AUTHORIZE _____

TO ACT AS MY AGENT IN OBTAINING PERMITS AND/OR RENTAL LICENSES ON MY BEHALF ON THE ABOVE-MENTIONED PROPERTY ADDRESS UNTIL FURTHER NOTICE. IF YOU HAVE QUESTIONS, PLEASE CALL ME AT _____.

THANK YOU FOR YOUR ASSISTANCE.

_____

OWNER SIGNATURE

****

_____ _____

NOTARY SIGNATURE DATE

MY COMMISSION EXPIRES: _____ COUNTY: _____

NOTARY STAMP: