

Date Received: _____

Received by: _____

Case No: _____



Agent Authorization Form

I/We authorize and permit _____ to act as my/our representative and agent in any manner regarding this application which relates to property described as tax parcel ID# 05- ____ - ____ - ____ - ____ - _____ - _____ - _____, I/We understand that the agent representation may include but not limited to decisions relating to status, conditions, or withdrawal of this application. In understanding this, I/We release the Town of Magnolia Springs from any liability resulting from actions made on my/our behalf by the authorized agent and representative. ***NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.**

Property Owner(s)

Name(s) {printed}

Address

City/State

Phone Fax Email

Signature(s)

Authorized Agent

Name(s) {printed}

Address

City/State

Phone Fax Email

Signature(s)