

AGENT AUTHORIZATION FORM



FOR PROJECTS LOCATED IN WINTER PARK, FLORIDA

I/WE, (PRINT PROPERTY OWNER NAME) _____, AS
 THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS,
 _____, DO HEREBY AUTHORIZE TO ACT AS MY/OUR
 AGENT (PRINT AGENT'S NAME), _____, TO EXECUTE ANY PETITIONS OR
 OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY
 DESCRIBED AS FOLLOWS, _____, AND TO APPEAR ON MY/OUR
 BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND
 TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

STATE OF FLORIDA :
 COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this ____ day of _____,
 20__ by _____. He/she is personally known to me or has produced
 _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the ____ day of
 _____, in the year _____.

(Notary Seal)

 Signature of Notary Public
 Notary Public for the State of Florida

My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: