## AUTHORIZATION FORM To REPRESENT PROPERTY OWNER(S)

DATE:					
TO: Town of	Townsend				
I/we, the undersigned ov	wner(s) grant ful	l permission	to:		
APPLICANT(S) / AUT	THORIZED RE	EPRESENT	ATIVE(S):		
Name (please print)			Name (please print)		
Street Address			Street Address		
City	State Z	ip	City		State Zip
Phone #(s) / Email address			Phone #(s) /	Email address	 }
PROPERTY LOCATI					
ASSESOR'S PARCEL	i ID: Ma	ap #	_Block #	Lot #	-
OWNER (S):					
Name (please print)			Name (please print)		
Street Address			Street Address		
City	State Z	ip	City		State Zip
Phone #(s)	/ Email address	<del></del>	Phone #(s)	/ Emai	l address
Signature of Owner			Signature of C	Owner	

01-30-23