



# WEST CARROLLTON

ESTD  1830

## AGENT AUTHORIZATION FORM

The undersigned, owner(s) of the certain real property located at \_\_\_\_\_ (the "Property"), do hereby appoint and expressly grant full authority to \_\_\_\_\_ to act as the sole agent of and on behalf of the undersigned in all matters related to and in connection with the attached application. The undersigned hereby consents and agrees to be bound by the application, by any agreement made by the herein named agent with the City of West Carrollton in connection with this same case, and by all decisions made by the city in connection with this same case.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Sworn to before me and subscribed in my presence by the said \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public