



CITY OF ROBERTSDALE AGENT AUTHORIZATION FORM

P.O. Box 429
Robertsdale, AL 36567

Phone: (251) 947-2466
Fax: (251) 947-2619
TDD (251) 947-2122

Property Owner(s)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip code _____ - _____
Telephone: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

Authorized Agent

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip code _____ - _____
Telephone: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____
Authorized for: Subdivision _____ Building Permit _____ Land Disturbance/Land Use _____
Sign Permit and Construction _____ Rezoning _____ Site Plan _____ Special Exception _____

Property Information

Parcel ID Number: 05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Property Address: _____

I/We, the owner(s) of the above reference property, hereby authorize and permit the Authorized Agent to act as my/our representative and agent in any matter as described above. I/We understand that the Authorized Agent representation may include but not be limited to decisions related to status, conditions, or withdrawal of this application. In understanding this I/we release the City of Robertsdale from any liability resulting from actions made on my/our behalf by the Authorized Agent.

Property Owner(s) Signature: _____ Date: _____