

**Town of Effingham
Agent Authorization Form**

Please use this document, or a similar one you provide, to authorize someone to act on your behalf on procuring any or all compliance permissions.

Property Owner(s): _____

Telephone: _____

Mailing Address: _____

City _____ State _____ Zip: _____

Email Address: _____



I designate the person listed below as my agent, to act on my behalf and take all actions necessary for the processing, issuance and acceptance of all necessary compliance certificate(s) for proposed work at:

Property Description:

Street name and address: _____

Tax Map # _____ Lot # _____ Lot Size _____ District _____

Representations made by my agent may be accepted as though made by me personally. I understand that I am bound by any official decision made on the basis of such representations.	
Agent Name: _____	Telephone# _____
Agent Address: _____	
Agent Email: _____	
Owner's Signature _____	Date _____
Owner's Signature _____	Date _____