



ELBERT COUNTY

Community & Development Services

OWNER/APPLICANT REPRESENTATIVE AUTHORIZATION FORM

OWNER/APPLICANT INFORMATION:

Name	
Phone	
Email	
Property Address	
Mailing Address	

AUTHORIZED REPRESENTATIVE INFORMATION:

Representative Name	
Company Name	
Phone	
Email	
Mailing Address	

SCOPE OF AUTHORIZATION:

I hereby authorize the Representative named in the second section to serve as the primary point of contact for all **email communication**, manage all **invoicing and billing** matters, and execute the **submittal of materials**, including applications, plans, and supporting technical documentation.

SIGNATURES:

Applicant Signature: _____ **Date:** _____

Notary Public Acknowledgment

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ (Name of Signer), who is personally known to me or has produced _____ as identification.

(Seal)

Signature of Notary Public _____

My Commission Expires: _____