

VILLAGE OF EAST ALTON
BUIDLING & ZONING DEPARTMENT
232 CHURCH ST.
EAST ALTON, IL 62024
618-259-1185
zoning@eastaltonvillage.org

AGENT DESIGNATION FORM
**Authorization for Occupancy Permit Applications,
Inspections and Emergency Contact**
Please PRINT legibly or TYPE

Property Owner (REQUIRED)

Name(s): _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____
E-Mail: _____

CONTACT AUTHORIZATION: ☐ Contact Only Owner ☐ Contact Owner, Then Agent(s) ☐ Contact Only Agent(s)

Authorized Agent(s) for all properties listed on this document (Additional on back) ☐

Name(s): _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____
E-Mail: _____

Name(s): _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____
E-Mail: _____

List ALL your properties in the Village of East Alton.

ADDRESS	# UNITS	ADDRESS	# UNITS

I, the undersigned, hereby designate the above authorized agent(s) to act in my behalf in regards to the properties listed on this Agent Designation Form for the purposes of applying for and obtaining Occupancy Permits, as a contact for Code Enforcement issues on any property listed and for emergency contact on behalf of East Alton Police and/or Fire Departments. Any notice served to an Authorized Agent will serve the same purpose as serving me personally. I agree to conform to all ordinances of the Village of East Alton, and will immediately update this Agent Designation Form upon the change in status of any listed agent or property.

SIGNATURE OF OWNER/PRINCIPAL

DATE