



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT
11367 Moorage Way, La Conner, Washington 98257-0817
Phone (360) 466.7280 | Fax (360) 466.1615

Application #:
Date:

Agent Authorization Form

Use this form to authorize someone other than the property owner to apply for permits.

Project Site

Property Address: _____

City, State, Zip: _____

Authorization Statement

I/we, as the owners of the property identified above, authorize _____ to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my/our behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

Property Owner Signature(s)

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

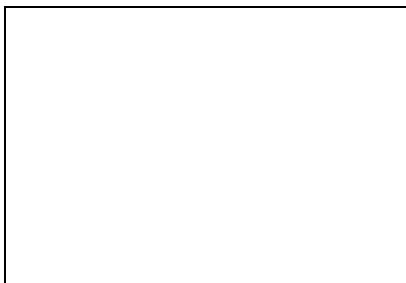
Company: _____

Date: _____

Notarization

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____



(Notary seal or stamp above)

Signature of Notary Public

Printed Name of Notary Public

My appointment expires _____