



# 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: \_\_\_\_\_

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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: \_\_\_\_\_