

# AGENT AUTHORIZATION FORM

Date of Authorization: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I hereby authorize \_\_\_\_\_ be listed as authorized agent  
(Print Name of Agent)

representing \_\_\_\_\_ for the application submission  
(Print Name of Property Owner(s) the Applicant(s))

of \_\_\_\_\_  
(List the Name and Type of applications for the authorization)

for the Property described as: (if in metes and bounds, attach legal description on separate sheet)

Lot Block Subdivision Key (Island)

Real Estate (RE) / Parcel ID Number Alternate Key Number

Street Address (Street, City, State & Zip Code) Approximate Mile Marker

## Authorized Agent Contact Information:

Mailing Address (Street, City, State and Zip Code)

Work Phone Home Phone Cell Phone Email Address

This authorization becomes effective on the date this affidavit is notarized and shall remain in effect until terminated by the undersigned. This authorization acts as a durable power of attorney only for the purposes stated. The undersigned understands the risks and liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named herein related to the processing of the services requested, application(s) and/or the acquisition of approvals/permits for the aforementioned applicant. The applicant(s) hereby indemnifies and holds harmless Monroe County, its officers, agents and employees for any damage to applicant caused by its agent or arising from this agency authorization.

*Note: Agents must provide a notarized authorization from ALL current property owners.*

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sword to and subscribed before me, by means of either  physical presence OR  online notarization,

on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(PRINT NAME OF PERSON MAKING STATEMENT)

Who is  personally known to me OR  produced \_\_\_\_\_ as  
(TYPE OF ID PROVIDED)  
identification.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT, TYPE OR STAMP COMMISSIONED  
NAME OF NOTARY PUBLIC  
MY COMMISSION EXPIRES: