

AUTHORIZATION TO ACT AS APPLICANT

TOWN OF ECLECTIC
P.O. Box 640339, Eclectic, AL 36064
PHONE (334) 284-8333/FAX (334) 284-4933

I, _____, being owner of the property which is the subject of this application
(Print Name)
hereby authorize _____, to act as my representative with the Town of
Eclectic's (Board of Zoning, and/or Planning Commission, and/or Town Council), as required by
the type of request listed on the attached application form.

Property Owner's Signature: _____ Date: _____

STATE OF ALABAMA

COUNTY OF ELMORE

I, _____, a Notary Public in and for said County and State, hereby
certify that _____, whose name is signed to the foregoing document, and
who is known to me or acknowledged before me on this day, that being informed of the contents of
said document, did execute the same voluntarily on the day that bears the same date.

Given my hand and seal of office this ____ day of _____, _____

Notary Public

My Commission Expires: _____