

City of Garden City Agent Authorization Form



Applicant Information

Owner	
Name	Address
Phone	Email
Development Name (if applicable)	

I, the undersigned, do hereby certify that I am the owner of the property affected by the proposed application to the Garden City Planning Commission. I/We, the undersigned owner(s) of property involved in this application, do hereby authorize _____ to act as Agent for the attached application in my/our behalf.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

Authorized Agent	
Company Name	Contact (Individual Name)
Phone	Email

I accept this authorization to act as Agent on behalf of the above owner(s).

Print Name	Signature	Date