



AGENT AUTHORIZATION FORM

CITY OF ALTON, ILLINOIS

Department of Building and Zoning

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3533

Fax: (618) 463-0972

E-mail: permits@cityofaltonil.com

Website: www.cityofaltonil.com

The Undersigned hereby appoints:

Whose address is:

My attorney-in-fact and exclusive agent for the purpose of applying for and receiving Occupancy Permits for the City of Alton and related documents necessary for occupancy of the below listed properties:

1. _____
2. _____
3. _____
4. _____

I understand that said agent can legally bind me as principal in all matters relating to application and receipt of the Occupancy Permit.

Owner (Print): _____

Address: _____

Phone: _____

DOB: _____

Signed: _____

(Signature)

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 20 _____.

(Notary Signature)

(Seal)