

CITY OF ALTON, ILLINOIS

AGENT AUTHORIZATION FORM

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. _____
5. _____

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)