

Crook County Community Development



Community Development Department

Phone: 541-447-3211 Fax: 541-416-2139
bld@co.crook.or.us

AUTHORIZATION FORM

Let it be known that

(Print Name Clearly)

Has been retained to act as my authorized agent to perform all acts for development on my property noted below: These acts include: Pre- application conference, filing applications and/or other required documents relative to all Permit applications.

Physical address of property:

and described in the records of CROOK COUNTY as:

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East, Section \_\_\_\_\_, Tax lot \_\_\_\_\_

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

(Please Print Clearly)

PROPERTY OWNER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_
Mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Email: \_\_\_\_\_

AGENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_
Mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ /Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Email: \_\_\_\_\_