

Easton Planning Board
Agent Authorization for Applications

The undersigned owner(s) of land identified as _____ authorize
Easton tax map & Lot #

(Agent's name)

State capacity or relation of agent, such as "surveyor," "real estate broker," "spouse," etc.

(Agent's address)

to carry out the application process for the proposed actions on the above-cited

property, known as _____

and dated _____.

All related communications may be addressed to this agent.

| | | | |
|---------------|-------------------------------|-----------|------|
| Owner(s) name | Address <i>(please print)</i> | Signature | Date |
|---------------|-------------------------------|-----------|------|

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State _____

County _____ SS

On this _____, 20____, before me, the undersigned officer, personally appeared

the above-named _____.

known to me (or satisfactorily proven) to be the person(s) whose name(s) is(are) subscribed to the within instrument and acknowledged that he/she (they) executed the same for the purposes therein contained.

Notary Public (seal)
My commission expires: