



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

AUTHORIZATION OF AGENT

Please fill in the following form including signatures. All signatures must be completed. If one or more of these signatures are the same, simply re-sign.
Thank you.

I hereby authorize the following person to act as my agent for the property located at:

STREET ADDRESS _____
CITY, STATE, ZIP CODE: _____
ASSESSOR'S PARCEL NUMBER: _____

OWNER:

NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE: _____
DAYTIME PHONE _____

PRINT NAME _____
SIGNATURE _____
TITLE _____
(Property Owner, Partner, Corporation Officer, Specify Other)
DATE _____

AGENT:

NAME _____
FIRM NAME (IF ANY) _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____
DAYTIME PHONE _____

PRINT NAME _____
SIGNATURE-AGENT _____
DATE _____