

Authorization Form

Type of Application:

Subdivision Short Plat Replat Vacation Other

Legal Description:

Subdivision: _____ ASLS/U.S. Survey No.: _____
Lot: _____ Block: _____ Tract: _____ Other: _____
Township: _____ Range: _____ Section(s): _____ ¼ section: _____
Meridian: _____ Other: _____

As owner(s), I/We _____ authorize
Owner(s) Name

_____ of
Applicant / Representative Name

_____ to represent me in
Applicant Address / Company Name

platting/subdividing the property as described above.

Owner's Signature

Date

Owner's Signature

Date

State of _____)

) S.S.

County/Borough of _____)

Subscribed and sworn before me this _____ day of _____, 20____ .

(Notary's seal)

Notary Public

My commission expires: _____