



CITY OF FILLMORE
CENTRAL PARK PLAZA
250 Central Avenue
Fillmore, California 93015-1907
(805) 524-3701 • FAX (805) 524-7058

CITY OF FILLMORE AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

I hereby authorize the person identified below to act as my agent to apply for, sign, and file the documents necessary to obtain the permits required for my project (excluding the Property Owner Certification within the application form, the execution of which I understand is my personal responsibility). My agent should receive copies of all notices and communications related to my project unless I have otherwise notified the City of Fillmore.

Project Description (Include Permit # if available):

Project Location (Address, APN and other property identification as needed):

Name of Authorized Agent: _____

(Please Print)

Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

E-Mail Address of Authorized Agent: _____

PROPERTY OWNER ACKNOWLEDGEMENT

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. Further, I agree that I and my agent will abide by all ordinances of the City of Fillmore and that any approvals granted for this project will be carried out in accordance with the requirements of the City of Fillmore.

Property Owner's Name: _____

(Please Print)

Name and Title of signatory: _____

Entity #: _____

Property Owner's Signature: _____ Date: _____

Property Owner's E-Mail Address: _____

Property Owner's Phone Number: _____



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Note: A copy of the owner's driver's license, notarization, or other verification acceptable to the agency must be submitted with this form to verify property owner's signature. The owner must be as shown on the latest Assessor records.

NOTARIZATION

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature of Notary Public

Printed Name of Notary Public

My appointment expires _____

(Notary seal or stamp above)

STAFF VERIFICATION

Verification of Property Owner Signature: Driver License Notarized Letter
 Other

Staff Signature

Date