



Baldwin County Planning and Zoning

Agent Authorization Form



I/We Authorize and permit _____ to act as my/our representative and agent in any manner regarding this application which relates to property described as tax parcel ID# 05-____ - ____ - ____ - ____ - _____ - _____, I/We understand that the agent representation may include but not limited to decisions relating to status, conditions, or withdrawal of this application. In understanding this, I/we release Baldwin County from any liability resulting from actions made on my/our behalf by the authorized agent and representative.

**NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.*

PROPERTY OWNER(S)

Name(s) [printed]

Address

City/State

Phone Fax #

Signature(s) Date

AUTHORIZED AGENT

Name(s) [printed]

Address

City/State

Phone Fax #

Signature(s) Date

