

**OSCEOLA COUNTY
AGENT AUTHORIZATION FORM**



I/we, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent Information [PLEASE PRINT]

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property [PLEASE PRINT]

Address: _____
Parcel ID(s): _____
Legal Description: _____
_____ See Attached

Property Owner(s) Information [PLEASE PRINT]

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

SIGNED AUTHORIZATION

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this _____ day of _____ 20____ by _____ who is personally known to me or who produced _____ as identification.

Public Notary Seal:

Signature of Notary
Notary # _____
My Commission Expires: _____