



## AUTHORIZATION TO ACT AS AGENT AFFIDAVIT

City of DuPont  
1700 Civic Drive, DuPont, WA 98327  
(253) 964-8121  
[www.dupontwa.gov](http://www.dupontwa.gov)

I, \_\_\_\_\_, as property owner or authorized agent of the following described property

\_\_\_\_\_  
*Property Address*

\_\_\_\_\_  
*Parcel Number*

hereby authorize

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email Address*

to submit an application with the City of DuPont for the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury that the information submitted in this affidavit is accurate and complete, and I am either an agent and/or representative of the property owner and am acting with the owner's full knowledge, consent, and grant of authority.

\_\_\_\_\_  
*Property Owner/Authorized Agent - Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Property Owner/Authorized Agent - Print Name*

\_\_\_\_\_  
*Property Owner/Authorized Agent - Job Title*

\_\_\_\_\_  
*Property Owner/Authorized Agent - Business Name*

**SUBMIT COMPLETED FORM TO:** [PermitTech@dupontwa.gov](mailto:PermitTech@dupontwa.gov)