



AUTHORIZATION TO ACT AS AGENT AFFIDAVIT

City of DuPont
1700 Civic Drive, DuPont, WA 98327
(253) 964-8121
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