

Michigan Township Services-Allegan. Inc

111 Grand Street, Allegan MI 49010

1-800-626-5964 * 269-673-3239

Fax 269-673-9583

Email mtsallegran@frontier.com

Agent Authorization

Date: _____

Job Address: _____

City or Township: _____

This is to inform you that I, (owner name) _____,
as owner of the above referenced property authorize (agent name)
_____, to act as my agent in seeking / obtaining
various permits and approvals on my behalf.

These include:

- Various Township/City Zoning and Building approvals
- Other County or State permit approvals
- Others as needed

Property Owner Signature and Phone Number

This completed form must be submitted with a zoning/building permit application. Permits will not be issued without it.