

Charlotte County

Agent's Authorization Form Occupation of Canal Right-of-Way

Applicant Information

Please Print or Type

Reserved for County Use
File No. _____
Date _____
Received _____

Applicant(s) Name _____
Mailing Address _____
City _____ State ____ Zip Code _____
Home Telephone () _____ Business Telephone () _____
Fax Number () _____ E-Mail Address _____

Property Information

Owner(s) Name _____
Street Address _____ City _____
Short Legal Description Lot(s) Block Subdivision Section

Other: _____

I hereby designate the following individual(s) and/or firm(s) to represent my interest in the release and/or occupation of easement request on the above referenced property only.

1.	
Name	_____
Firm	_____
Street Address	_____
City	_____ State _____ Zip Code _____
Telephone Number () _____	Fax Number () _____
E-Mail Address	_____
Agent's Signature	_____ Date _____
Witness Signature	_____ Date _____

Revised 7.8.2016

Charlotte County

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2.	
Name	_____
Firm	_____
Street Address	_____
City	_____ State _____ Zip Code _____
Telephone Number	_____(____)_____ Fax Number _____(____)_____
E-Mail Address	_____
Agent's Signature	_____ Date _____
Witness Signature	_____ Date _____

<i>Applicant(s) Signature</i>	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
<i>Witness Signature</i>	Date
_____	_____

Send or deliver Agent's Authorization Form to:	Charlotte County Real Estate Services Division 18500 Murdock Circle, Building B. Rm 208 Port Charlotte, FL 33948 Telephone: (941) 764-5580 Fax: (941) 764-5590
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