

# Charlotte County

## Agent's Authorization Form Occupation of Road Right-of-Way

### Applicant Information

Please Print or Type

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

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

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

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

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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Revised 7.8.2016