



**CITY OF CAPE CANAVERAL AGENT AUTHORIZATION FORM**

I/WE, PRINT PROPERTY OWNER NAME) \_\_\_\_\_, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS,

\_\_\_\_\_ DO HERBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT’S NAME),

\_\_\_\_\_ FOR APPLICANT, \_\_\_\_\_ TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS,

\_\_\_\_\_ AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: \_\_\_\_\_ Signature of Property Owner \_\_\_\_\_ Print Name of Property Owner \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Property Owner \_\_\_\_\_ Print Name of Property Owner \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF BREVARD**

Sworn to and subscribed before me by means of  physical presence or  remote audio-visual means, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who signed with a mark in the presence of these witnesses:

Signature/Stamp of Notary Public: \_\_\_\_\_

Personally Known or  Produced Identification \_\_\_\_\_ (Type of Identification Produced)