



AUTHORIZATION TO ACT AS AGENT AFFIDAVIT

City of DuPont
1700 Civic Drive, DuPont, WA 98327
Telephone 253.964.8121
www.dupontwa.gov

I, _____, as property owner of the following described property

Property Address

Parcel Number

hereby authorize

Name

Address

Phone

Email Address

To act as agent on my behalf before the City of DuPont regarding the application to

Property Owner Signature

Date

Print Name

STATE OF WASHINGTON }
COUNTY OF PIERCE }

On this _____ day of _____, 20____, personally appeared before me

_____ known to be
the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he/she signed the same as given, as his/her free and voluntary act and deed, for the uses and purposes therein mentioned, and under oath stated that he/she was authorized to execute said instrument.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal the day and year first above written.

Notary Public

Print Name

NOTARY PUBLIC in and for the State of Washington

Residing at _____

My Commission expires: _____

SUBMIT COMPLETE FORM TO: Permits@dupontwa.gov