Eureka Township

Representative Authorization Form

PROPERTY OWNER(S)			
Name(s)	Daytime Phone		
Address	City	State	Zip
REPRESENTATIVE			
Name	Daytime Phone		
Address	City	State	Zip

By signing this document, I/we the above named PROPERTY OWNER(S) hereby legally authorize the REPRESENTATIVE named above to act on my/our behalf before the Eureka Township Planning Commission, Board of Supervisors, and/or Board of Adjustments and Appeals in all matters related to my/our APPLICATION for

_____

_____

(include type and date of application and property identification number (PIN) for the property involved)

This authorization includes answering questions about the APPLICATION and entering into legally binding agreements with Eureka Township related to the APPLICATION.

_____ _____
Property Owner signature Date

_____ _____
Property Owner signature Date

_____ _____
Property Owner signature Date

DO NOT WRITE BELOW THIS LINE	
Date rcvd:	**Rcvd by:**

Notes:

Mailing Address: *P.O. Box 576, Lakeville, MN 55044* • ***Office***: *Eureka Town Hall, 25043 Cedar Ave.*
Phone: *952-469-3736* • ***Fax***: *952-469-5525* • ***E-mail***: *eurekatn@frontiernet.net*