

Charlotte County

Agent's Authorization Form Release and/or Occupation of County Easement

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 _____

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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 _____

Applicant(s) Signature	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
Witness Signature	Date
_____	_____

Send or deliver Agent's Authorization Form to:	Charlotte County Real Estate Services 18501 Murdock Circle, Ste 503 Port Charlotte, FL 33948 Telephone: (941) 764-5589 Fax: (941) 764-5590
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