

**AGENT AUTHORIZATION LETTER**

DATE: \_\_\_\_\_

TO: City of Appleton  
Community Development Department  
100 N. Appleton Street, Appleton, WI 54911

RE: \_\_\_\_\_  
Project name

The undersigned, \_\_\_\_\_,  
Property Owner name  
is the owner of property known as \_\_\_\_\_.  
address, tax key number

The undersigned authorizes \_\_\_\_\_  
Agent name  
to sign and file an application on behalf of \_\_\_\_\_  
Property Owner name  
to \_\_\_\_\_.  
Describe Project

\_\_\_\_\_ also authorizes  
Property Owner name  
\_\_\_\_\_ to execute any and all other  
Agent name  
documentation and/or applications required by the City for the intended project  
and appear on its behalf before the Plan Commission and Common Council in  
proceedings relating to the application.

Executed as of the day and year first above set forth.

\_\_\_\_\_  
Signature of property owner