



AUTHORIZED AGENT FORM

I hereby authorize (print) _____ to act as my authorized agent in dealing with Crosslake to obtain the following:

- _____ Land Use Permit _____ Shoreland Alteration Permit
_____ Septic Permit _____ Subdivision Approval
_____ Public Hearing _____ Other _____

For the following property:

Site Address _____

Section # _____ Township #137 Range # 27 28

Parcel Number(s) _____

Recorded Document Number –Contract for Deed (If applicable) _____

Property Owner Signature / Printed Name Date

Property Owner Phone Number

Authorized Agent Phone Number

Authorized Agent's Mailing Address