



# AGENT AUTHORIZATION FORM

**CITY OF ALTON, ILLINOIS**

**Department of Code Enforcement**

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Website: [www.cityofaltonil.gov](http://www.cityofaltonil.gov)

The Undersigned hereby appoints:

\_\_\_\_\_

Whose address is:

\_\_\_\_\_

My attorney-in-fact and exclusive agent for the purpose of applying for and receiving Occupancy Permits for the City of Alton and related documents necessary for occupancy of the below listed properties:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that said agent can legally bind me as principal in all matters relating to application and receipt of the Occupancy Permit.

Owner (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Signed: \_\_\_\_\_

(Signature)

Subscribed and sworn to before me, a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Signature)

(Seal)