

Town of Minerva
Building & Code Enforcement Department

5 Morse Memorial Hwy
P.O. Box 937
Minerva, NY 12851

AUTHORIZATION FORM

“TO ACT AS AGENT FOR”

I, _____ owner of the premises located
at: _____ Town of _____,
Tax Parcel # _____,
hereby designate: _____,
as my AGENT regarding my Permit for:

Date

Signature