

Michigan Township Services-Allegan. Inc
111 Grand Street, Allegan MI 49010
1-800-626-5964 * 269-673-3239
Fax 269-673-9583
Email mtsallegran@frontier.com

Agent Authorization

Date: _____

Job Address: _____

City or Township: _____

This is to inform you that I, (owner name) _____,
as owner of the above referenced property authorize (agent name)
_____, to act as my agent in seeking / obtaining
various permits and approvals on my behalf.

These include:

Various Township/City Zoning and Building approvals
Other County or State permit approvals
Others as needed

Property Owner Signature and Phone Number

**This completed form must be submitted with a zoning/building
permit application. Permits will not be issued without it.**