# CITY OF FOLEY HISTORIC CofA AGENT AUTHORIZATION FORM

I authorize and permit_____ to act as my representative and agent in any manner regarding this Historical Certificate of Appropriateness (COA) application which relates to property at address:

_____

also described as tax parcel ID# or PIN# _____

I understand that the agent representation may include but not be limited to decisions relating to the submittal, status, conditions, or withdrawal of this application. In understanding this, I release the City of Foley from any liability resulting from actions made on my behalf by the authorized agent and representative. I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submission of incorrect information will result in the revocation of this application and any work performed will be at the risk of the applicant.

*Note: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.

PROPERTY OWNER: Name(s) printed

_____

Address_____

_____

Phone_____

Email_____

Fax _____

Signature(s)_____

_____

Date_____