

**COUNTY OF SANTA BARBARA
SURVEYOR'S OFFICE**

AGENT AUTHORIZATION FORM

Please fill in the following form including signatures. All signatures must be completed.

I hereby authorize the following person to act as my agent for the property located at:

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ASSESSOR'S PARCEL NUMBER: _____

OWNER:

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE: _____ E-Mail Address: _____

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

(PROPERTY OWNER, PARTNER, CORPORATION OFFICER, SPECIFY OTHER)

DATE: _____

AGENT:

NAME: _____

FIRM NAME (IF ANY): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE: _____ E-Mail Address: _____

PRINT NAME: _____

SIGNATURE-AGENT: _____

DATE: _____