



Town of Jackson  
 150 E Pearl Avenue  
 PO Box 1687, Jackson, WY 83001  
 P: (307)733-3932 F: (307)739-0919  
 www.jacksonwy.gov

Date: \_\_\_\_\_

**LETTER OF AUTHORIZATION**  
**NAMING APPLICANT AS OWNER'S AGENT**

**PRINT** full name of property owner as listed on the deed when it is an individual OR print full name and title of President or Principal Officer when the owner listed on the deed is a corporation or an entity other than an individual

Being duly sworn, deposes and says that \_\_\_\_\_ is the owner in fee of the premises located at:  
 Name of property owner as listed on deed

Address of Premises: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Please attach additional sheet for additional addresses and legal descriptions

And, that the person named as follows: Name of Applicant/agent: \_\_\_\_\_

Mailing address of Applicant/agent: \_\_\_\_\_

Email address of Applicant/agent: \_\_\_\_\_

Phone Number of Applicant/agent: \_\_\_\_\_

Is authorized to act as property owner's agent and be the applicant for the application(s) checked below for a permit to perform the work specified is this(these) application(s) at the premises listed above:

- Development/Subdivision Plat Permit Application       Building Permit Application
- Public Right of Way Permit     Grading and Erosion Control Permit     Business License Application
- Demolition Permit     Home Occupation     Other (describe) \_\_\_\_\_

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

\_\_\_\_\_  
 Property Owner Signature

\_\_\_\_\_  
 Title if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or other non-individual Owner

STATE OF \_\_\_\_\_ )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_. WITNESS my hand and official seal.

\_\_\_\_\_  
 Notary Public

My commission expires: