

TOWN OF MILAN
DUTCHESS COUNTY, NEW YORK

Wilcox Memorial Town Hall
20 Wilcox Circle
Milan, NY 12571

Tel. (845) 758-5133
www.milan-ny.gov
Fax. (845) 758-0445

CONSENT OF AUTHORIZATION TO ACT

Date: _____ Property Grid Number _____

Complete Property Address: _____

Owner's Name: _____

Owners Mail Address (if different from property location): _____

Owner's Phone Number: () _____

Designee Name: _____
Designee Address: _____

Designee Phone Number: () _____

PURPOSE OF AUTHORIZATION:

I hereby authorize _____ (designee) to act on my behalf with regard to the above referenced property for the purpose stated above.

Signed: _____ Date: _____
(Property Owner)

State of New York)
County of Dutchess) ss
Town of Milan)

On this ___ day of _____, 20___, before me personally came _____ to me known, whose signature appears below.

Notary Public