



CHARLES W. HAERINGTON
SUPERVISOR
TEL. 518-597-3035

TOWN COUNCIL
JOHN WAYMAN
TARA PETERS

Town Of Crown Point

17 MONITOR BAY ROAD
P.O. BOX 443
CROWN POINT, NY 12928

FAX (518) 597-3114



LINDA L. WOODS
TOWN CLERK
TEL. 518-597-3255

TOWN COUNCIL
SHERLENE SIMPSON-BARROWS
WALTER WORTH

AUTHORIZATION FORM

"TO ACT AS AGENT FOR"

I, _____ owner of the premises located

at: _____ Town of _____,

Tax Parcel # _____,

hereby designate: _____,

as my AGENT regarding my Permit for:

Date

Signature