Application Number _____

AFFIDAVIT TO AUTHORIZE PETITIONER'S AGENT

I/We, _____, the property owner(s) ("Affiant") of the property to be vacated in the subject of the Application, being duly sworn, depose(s) and say(s):

1. That I/we am/are the owner(s) and record title holder(s) of the lands that are to be vacated and abandoned. My/our folio number(s) is/are as follows:

   _____.

2. That I/we do hereby appoint the following Agent to act on my/our behalf in the processing of the subject of the Application to the Broward County Board of County Commissioners.

   Name: _____

   Address: _____

   City, Sate, Zip: _____

   Telephone: _____

   Contact Person: _____

_____	_____	_____
Name of Owner/Petitioner	**Date**	**Signature of Owner/Petitioner** ***(requires notarization)***

I, _____, hereby accept the appointment as Agent to the above listed owner/petitioner.

_____	_____	_____
Name of Agent	**Date**	**Signature of Agent**

NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by the Affiant by means of

☐ physical presence | ☐ online notarization, this _____day of _____, 20_____,

by _____, of _____, on behalf of

_____.

He/she ☐ is personally known to me | ☐ has produced _____ as identification.

_____	_____
Name of Notary Typed, Printed or Stamped	**Signature of Notary Public – State of Florida**

_____	_____
Notary Seal (or Title or Rank)	**Serial Number (if applicable)**

Application Number _____

NOTARY PUBLIC: Business/Government Entity Certification

This is to certify that I am the authorized acting agent of the business/government entity that is the owner/agent of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by County personnel for the purpose of verification of information provided by authorized acting agent of the business/government entity.

_____ _____

Agent Signature for Business/Government Entity **Date**

NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence | ☐ online notarization, this _____day of _____, 20_____, by _____, the _____, on behalf of _____, a _____.

He/she ☐ is personally known to me | ☐ has produced _____ as identification.

_____ _____

Name of Notary Typed, Printed or Stamped **Signature of Notary Public – State of Florida**

_____ _____

Notary Seal (or Title or Rank) **Serial Number (if applicable)**