



# TOWN OF CLINTON

1215 Centre Road Rhinebeck NY 12572  
TEL.NO. 845-266-5704 FAX: 845-2665748

Date: \_\_\_\_\_ Property Grid No. \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name (s) \_\_\_\_\_

Owner's Mailing Address if Different from Property Location: \_\_\_\_\_  
\_\_\_\_\_

Owner's Phone: ( ) \_\_\_\_\_

Designee Name (s), Address, Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

## PURPOSE OF AUTHORIZATION:

**I/WE hereby authorize \_\_\_\_\_ (designee) to act on my/our behalf with regard to the above referenced property for the purpose stated and, hereby, authorize the Town Official to enter my property for inspection purposes.**

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**Signature**

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**Signature**

State of New York )  
County of \_\_\_\_\_)ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

**Subscribed and Sworn before me and personally came \_\_\_\_\_, to me known, whose signature appears below.**

**Signed:** \_\_\_\_\_  
\_\_\_\_\_

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

**Notary Public**