

## TOWN OF CLINTON CONSENT OF AUTHORIZATION TO ACT

Date:	Property Grid No	ımber:	
Property Address:	····		
<u> </u>	·		
Owner's Name			
Owner's Mailing Address If Different From Property Location:			
Owner Phone: ( )			
Designee Name, Address, Phone:		· · · · · · · · · · · · · · · · · · ·	
	( )	·	
PURPOSE OF AUTHORIZATION:			
i hereby authorize with regard to the above referenced Town of Clinton Building Department sure to get the appropriate inspection( the end of your project.	nt to enter my property for	inspection purposes. Please	e be
State of New York ) County of )ss. On this day of me known, whose signature appears t	, 20, before me personally pelow.	came	_, to
Notary Public			
Siamod.		(property owner)	

FORM: BD-CONSENT REVISED: JUNE 18, 2007