



AUTHORIZATION FORM – ADDRESS REQUESTS

Rev: 1 | Revision Date: 9/08/2023
I.D. Number: BLD-PR-01

Authorized Agent Form

I _____ as owner of _____
(Print name of owner) (Current Address) (Folio Number)

do hereby authorize _____ to act as my agent in making address
(Print name of authorized agent)

changes through the City of Fort Lauderdale. I understand that I am the owner of record responsible for the authorization of any requests for address changes to the folio number made by my agent referenced above.

This authorization expires on _____

Owner's Signature

Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me _____ or has provided the following identification _____

Notary Public's Signature

Date

(Print, Type or Stamp Commissioned Name of Notary Public)

State of _____
County of _____