

**OWNER'S AUTHORIZATION
FOR
SITE/ROW PERMIT**



DATE: _____

TO: City of Titusville
555 South Washington Ave.
Engineering Services Department
Titusville, FL 32796

RE: _____
(ADDRESS AND/OR LEGAL DESCRIPTION)

Please accept this document as authorization for _____
(NAME OF APPLICANT)

to apply for a Site/ROW Permit for the property described above.

OWNER'S NAME

OWNER'S SIGNATURE

PRINTED NAME OF SIGNER

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Form of Identification _____

Notary Public

My Commission Expires: _____
(Date)