



CITY OF GREAT FALLS
PLANNING & COMMUNITY DEVELOPMENT DEPT.
P.O. BOX 5021, GREAT FALLS, MT, 59403-5021
406.455.8430 • WWW.GREATFALLSMT.NET

LETTER OF AUTHORIZATION

I, _____, authorize the following Agent/Applicant to represent this application. The Authorized Agent/Applicant has my permission to make decisions regarding the processing of this application. If at any time I wish to remove/replace this authorization, I understand that I shall notify the COGF Planning and Community Development office in writing as to my decision.

Project Site Address: _____

Scope of Work: _____

Owner

Name (please print): _____

Mailing Address: _____

City/State/Zip: _____

Phone number: _____

E-mail: _____

Authorized Agent/Applicant

Name (please print): _____

Mailing Address: _____

City/State/Zip: _____

Phone number: _____

E-mail: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally completed the above information and certify its accuracy.

Authorized Agent/Applicant Signature: _____

Date: _____

Owner's Signature: _____

Date: _____