



CITY OF COQUILLE
 Planning Department
 851 N Central Blvd, Coquille, Oregon 97423
 (541) 356-2115 | planning@cityofcoquille.org

File No.: _____

Date Received: _____

PROPERTY OWNER AUTHORIZATION FORM

I hereby affirm that I am the owner of the property located at:

 Site Location / Address (if None, Nearest Street Address)

 Assessor's Map No. / Tax Lot(s)

By signing below, I authorize the individual identified in the following section to act as my authorized agent with regard to any and all application(s) made to the City of Coquille for the activities described. The individual identified below shall remain in this capacity with regard to any applications and subsequently issued permits related to these activities indefinitely unless an express written request to terminate this authorization, signed by me, is submitted to the City of Coquille Planning Department.

Project/activity for which application is being made:

 Name of Property Owner

 Address

 Phone

 Email

 Signature of Property Owner

 Date

 Name of Authorized Agent

 Address

 Phone

 Email

 Signature of Authorized Agent

 Date