



## TOWN OF LYNDEBOROUGH

9 Citizens' Hall Road • Lyndeborough, NH 03082  
Phone (603) 654-5955 • Fax (603) 654-5777

### AUTHORIZED AGENT FORM

I, \_\_\_\_\_ as owner of Map \_\_\_\_\_ Lot (s) \_\_\_\_\_,  
(print name of owner)

located at \_\_\_\_\_  
(print property address)

do hereby authorize \_\_\_\_\_ to act as  
(print name of authorized agent)

my agent in submitting applications to the Town of Lyndeborough. I understand that I am the owner of record responsible for the applications submitted by my agent referenced above. I further understand that as the owner of record I am responsible for actions agreed to by said agent.

\_\_\_\_\_  
(owner's signature)

\_\_\_\_\_  
(date)

Do not write below this line - For Town Use Only

Date received: \_\_\_\_\_

Received By: \_\_\_\_\_  
(initials)

Received as part of an application for: \_\_\_\_\_

Case No. (If applicable): \_\_\_\_\_

Copy to Property File: \_\_\_\_\_