

DeKalb County Geographical Information Systems

Michael L. Thurmond Chief Executive Officer



AGENT AUTHORIZATION FORM

Date:	
TO WHOM IT MAY CONCERN:	
I/We	
Being owner(s) of the property described belo	w or attached, hereby delegate authority to
to file separation/combination/re-parcel form i	in my/our behalf.
() SEPARATION: Parcel(s)	
() COMBINATION: Parcel(s) () REPARCEL: Parcel(s)	
() OTHER/MODEL HOME: Parcel(s)	IR T M
Signature of Owner	Printed Name of Owner
Telephone Number	E-Mail Address