



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: _____