

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 owne	er) as owner of Map	
located at	(print property address)	
	(print property address)	
do nereby authorize		to act as
my agent in submitting applic owner of record responsible for	print name of authorized agent) rations to the Town of Lyndeboro r the applications submitted by my f record I am responsible for action	agent referenced above. I further
(owner's signate	ture)	(date)
Do not	write below this line - For Town U	Use Only
Date received:		Received By:(initials)
Received as part of an applicat	ion for:	
Case No. (If applicable):		
Copy to Property File:		