



AUTHORIZATION OF TITLEHOLDER

I, _____, being duly sworn upon his/her oath, being of sound mind and legal age, deposes and states that he/she is the owner of the property which is subject of this application, as is shown in the records of Paulding County, Georgia.

He/she authorizes the person named below to act as applicant in the pursuit of a request for Rezoning.

I hereby authorize the City of Dallas – Community Development Department to inspect the premises which are subject of the application.

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Name of Titleholder _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature of Titleholder

Signed, sealed and delivered in the presence of:

Notary Public Signature

My Commission Expires _____

Seal:

***A SEPARATE AUTHORIZATION OF TITLEHOLDER IS REQUIRED
TO BE COMPLETED BY EACH TITLEHOLDER***