(229) 671-2430 www.lowndescounty.com

## ULDC APPLICATION SUPPLEMENT FOR ADDITIONAL OWNERS/AGENTS

OWNERSHIP INFORMA	TION		
Property Owner:	Address:		
City:	ST:	Zip <u>:</u>	
Phone #:	Cell Phone #:	Fax #:	_
Email Address:			_
Signature of the property  NOTARIZATION FOR MANAGEMENT AND ADDRESS OF THE PROPERTY OF THE PROP	MAER'S SIGNATURE	gnature of the property owner	- - nent
Agent's Name:	Ag	ent's Street Address:	_
City:	ST:	_Zip <u>:</u>	_
Phone #:	Cell Phone #:	Fax #	_
Email Address:			_
AGENT AUTHORIZATIO		agent, is hereby authorized as my le	egal
representative and desigr	nated agent to speak in my be	half for the subject matter.	Ü
Signature of the property	owner Sig	nature of the property owner	
NOTARIZATION FOR AC			
	SENT'S AUTHORIZATION		