Lowndes County Board of Commis	sioners
327 N Ashley Street, Valdosta, GA	31601

(229) 671-2430

www.lowndescounty.com

OWNER'S SIGNATURE (Testifying ownership of aforementioned property): Signature of the property owner **NOTARIZATION FOR OWNER'S SIGNATURE** If the applicant or agent is a representative of the property owner, a notarized suthering the authorizing the representative to act as an agent of the property owner with legard application and associated procedure, shall be completed with this application? Agent's Name:_____Agent's Street Address:____ City:______ST:_____Zip: Email Address: **AGENT AUTHORIZATION** _____, agent (name), is hereby authorized as my legal representative and designated agent to speak in my behalf for the subject matter. Signature of the property owner Signature of the property owner **NOTARIZATION FOR AGENT'S AUTHORIZATION**

Thank you for the time and effort involved in the completion of this application. Your diligence will help to ensure that your application is reviewed as efficiently and effectively as possible.

NOTARY PUBLIC