

CAMBRIA COMMUNITY SERVICES DISTRICT
PO Box 65, Cambria CA (805) 927-6223

AGENT AUTHORIZATION FORM

DATE: _____

The undersigned owner hereby authorizes:

Name of agent

Address of Agent

Address of agent continued

Phone # of agent

To act as my AGENT for property located at:

Assessor's Parcel #

Address of Property

Said agent is authorized to sign documents related to my property/building project at location referenced above. I understand that I am responsible for payment of any fees or charges owed to Cambria Community Services District through this authorization.

I understand that in the event I no longer wish to utilize the services of this agent I must notify the Cambria Community Services District in writing.

Owner's Signature Date

Owner Name
(Please print)

Owner Address

Owner Phone