



PCR # \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZATION FORM

City of Williamsburg  
401 Lafayette Street  
Williamsburg, VA 23185-3617  
(757) 220-6130 Fax: (757) 220-6130

The undersigned owner(s) declare(s) that he/she/they have the authority to accept all conditions that may be placed as part of the City Council's approval of PCR Case # \_\_\_\_\_

Owner \_\_\_\_\_ Owner \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_ Phone/Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

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Location of Request \_\_\_\_\_

Zoning District \_\_\_\_\_ Tax Map Number \_\_\_\_\_

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*[I/We] hereby authorize:*

Representative \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone/Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

*to represent [me/us] in any matter before the City Council relating to the above case.*

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\_\_\_\_\_  
Printed Name Signature

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### Notarization

State of Virginia

City/County of \_\_\_\_\_, To Wit:

This authorization form was acknowledged before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

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\_\_\_\_\_  
Notary Public Commission Expiration