



SPR # _____

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 SPR Case # _____

Owner _____ Owner _____

Signature _____ Signature _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone/Fax Number _____ Phone/Fax Number _____

E-Mail _____ E-Mail _____

Location of Request _____

Zoning District _____ Tax Map Number _____

[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.

Printed Name Signature**Notarization**

State of Virginia

City/County of _____, To Wit:

This authorization form was acknowledged before me on this _____ day of

_____, 20____, by _____.

Notary Public Commission Expiration