

TILTON PLANNING BOARD
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TILTON ZONING BOARD OF ADJUSTMENT

AGENT AUTHORIZATION

As property owner or other authorized applicant,

I, _____,
OWNER/EXECUTIVE OFFICER (NAME AND AFFILIATION)

do hereby authorize:

AGENT (NAME AND AFFILIATION)

to file applications and to represent my interests
before the Tilton Planning Board
and the Tilton Zoning Board of Adjustment.

Signed:

Date:
