

AUTHORIZATION FOR ATTORNEY OR PERSONAL REPRESENTATIVE

I/we hereby authorize the following named individual(s) to present my/our application to the Board of Appeals and to act on my/our behalf on all matters before the Board that may affect my/our interests:

NAME(S) _____

OF (Firm) _____

ADDRESS _____

PHONE _____

APPLICANT(S)
SIGNATURE _____

SEND COMPLETED APPLICATION TO:

YORK BOARD OF APPEALS
186 YORK STREET
YORK, ME 03909