

**CITY OF OLIVE BRANCH
9200 PIGEON RROST ROAD
OLIVE BRANCH, MISSISSIPPI 38654
PHONE: 662-892-9334
FAX: 662-892-9346**

DESIGNATION OF AGENT

I, _____, being owner of the property which is the subject of this application _____ (Name of proposed subdivision, address, or tax parcel ID number) hereby authorize _____ to act as my representative with the City of Olive Branch's Board of Adjustment, and/or Planning Commission, and/or Board of Aldermen, as required by the type of request listed hereon.

Such representation shall be for all purposes concerning any matter, right or obligation relating to this petition. This designation authorizes my agent to make verbal or written representations and/or declarations on my behalf and I shall be legally bound by said verbal or written representations and/or declarations relating to this petition.

The petitioner understands and acknowledges that the City will rely upon the agent's representations in approval or denial of said petition.

Property Owner's Signature _____ Date _____

STATE: _____

COUNTY: _____

Personally appeared before me, the undersigned authority in and for the said county and state, On this _____ day of _____, 20 ____ within my jurisdiction, _____, who, being first duly sworn, states that ___he executed the foregoing document as h___ free and voluntary act.

Seal:

Notary Public

My Commission Expires:
