



City of North Bend
Community and Economic Development
Department
920 SE Cedar Falls Way
North Bend, WA 98045

Phone: (425) 888-7643
Fax: (425) 831-5636
www.northbendwa.gov

Authorization to Act as Agent Affidavit

I, _____, as property owner or authorized agent of the property owner of the following described property:

Property Address *Parcel Number*
hereby authorize

Name

Address

Phone Number *Email Address*

to submit an application with the City of North Bend for the following:

I certify under penalty of perjury that the information submitted in this affidavit is accurate and complete, and I am either an agent and/or representative of all property owners and am acting with the owner's full knowledge, consent, and grant of authority.

Property Owner/Authorized Agent - Signature *Date*

Property Owner/Authorized Agent - Print Name

Property Owner/Authorized Agent - Job Title

Property Owner/Authorized Agent - Business Name