



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

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Fax: (425) 831-5636  
[www.northbendwa.gov](http://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:

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*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.

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*Property Owner/Authorized Agent - Signature* *Date*

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*Date*

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*Property Owner/Authorized Agent - Print Name*

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*Property Owner/Authorized Agent - Job Title*

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*Property Owner/Authorized Agent - Business Name*