

**TOWN OF MILAN**  
DUTCHESS COUNTY, NEW YORK

Wilcox Memorial Town Hall  
20 Wilcox Circle  
Milan, NY 12571

Tel. (845) 758-5133  
www.milan-ny.gov  
Fax. (845) 758-0445

**CONSENT OF AUTHORIZATION TO ACT**

Date: \_\_\_\_\_ Property Grid Number: \_\_\_\_\_

Complete Property Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owners Mail Address (if different from property location): \_\_\_\_\_  
\_\_\_\_\_

Owner's Phone Number: ( ) \_\_\_\_\_

Designee Name: \_\_\_\_\_

Designee Address: \_\_\_\_\_  
\_\_\_\_\_

Designee Phone Number: ( ) \_\_\_\_\_

**PURPOSE OF AUTHORIZATION:**

**I hereby authorize \_\_\_\_\_ (designee) to act on my behalf with regard to the above referenced property for the purpose stated above.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Property Owner)**

State of New York )  
County of Dutchess ) ss  
Town of Milan )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known, whose signature appears below.

\_\_\_\_\_  
Notary Public