TOWN OF GORHAM PLANNING DEPARTMENT
75 SOUTH STREET, SUITE 1 GORHAM, ME 04038

AGENT AUTHORIZATION

APPLICANT/ OWNER	**Name**				
PROPERTY DESCRIPTION	**Physical Address**			**Map**	
				Lot	
APPLICANT'S AGENT INFORMATION	**Name**				
	Phone		**Business Name & Mailing Address**		
	Fax				
	Email				

Said agent(s) may represent me/us before Gorham Town officers and the Gorham Planning Board to expedite and complete the approval of the proposed development for this parcel.

APPLICANT SIGNATURE DATE

PLEASE TYPE OR PRINT NAME HERE

CO APPLICANT SIGNATURE (If applicable) DATE

PLEASE TYPE OR PRINT NAME HERE

APPLICANT'S AGENT SIGNATURE DATE

PLEASE TYPE OR PRINT NAME HERE