



**Town of Lexington**  
**Board of Appeals**

Phone: (781) 698 4534

**Owner Authorization**  
(Must be signed by owner of Record)

I, \_\_\_\_\_, as the owner or authorized agent of \_\_\_\_\_,  
Property Owner's Name Street Address  
hereby give permission to the following: \_\_\_\_\_ to act on my  
Individual Name / Company Name  
behalf in all matters relative to this application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_