



Inspections Division • 1528 Third Avenue Rock Island, IL 61201 • Phone (309) 732-7368 • FAX (309) 732-2930

A G E N T A U T H O R I Z A T I O N F O R M
PRINT OR TYPE NEATLY AND CLEARLY ON THIS FORM (BLUE OR BLACK INK ONLY)

I authorize the following person (s) below to be my agent as a point of contact for any correspondence and inspections for: all of my Rock Island properties.

only the following property_____.

AGENT COMPANY	AGENT TELEPHONE NUMBER
AGENT NAME	AGENT ADDRESS

Who do we contact first for business purposes, such as annual license renewal?

Owner as listed Property Agent

Who should contact first for Inspections on your property?

Owner as listed Property Agent

OWNER ONLY Complete and sign below:

PRINT: OWNER FIRST NAME MI LAST NAME	OWNER TELEPHONE NUMBER
OWNER ADDRESS	OWNER CITY, STATE, ZIP CODE
X OWNER SIGNATURE	TODAY'S DATE

