

REPRESENTATIVE AUTHORIZATION

I, _____, authorize
(Print Name of Land Owner)

_____ to make binding commitments
(Print Name of Representative)

on my behalf in regard to the Custer County Zoning Resolution, Subdivision Regulations
and/or Septic Regulations.

Mailing Address of Representative City State Zip

Phone numbers of Representative (home, cell, business, etc.)

Signed _____ Date _____
(Land Owner)

Return to:

Custer County Planning and Zoning
P. O. Box 203
Westcliffe, CO 81252
FAX (719) 783-9907