

# NOTARIZED AUTHORIZATION OF OWNER

To Whom It May Concern:

I/We \_\_\_\_\_ hereby authorize \_\_\_\_\_,  
(Owner(s) Name) (Name of authorized Tenant)

Tenant, to act as the authorized agent in application submittals required to obtain a Business Tax Receipt (BTR) for the property located at \_\_\_\_\_ from  
(Street Address)

The City of Daytona Beach for the property described as Tax Parcel Identification No. \_\_\_\_\_ I/We further authorize \_\_\_\_\_ and/or  
(Tenant/Representative)

their representatives to grant approval to regulatory agencies or others as required to access and inspect the above referenced property to secure required approvals.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (owner) *Signature must be in blue ink*

\_\_\_\_\_  
Typed Name of Owner

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

I hereby certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known to me or  
(Owner Name)  
who has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC \_\_\_\_\_ (Seal)  
(Signature of Notary Public)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Typed Name of Notary \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_