Authorization of Representation

This document is to be submitted to the Springdale Planning & Community Development Division via iWorQ, planningapplications@springdalear.gov, or in person at 201 Spring Street, Springdale, AR.

TO THE SPRINGDALE PLANNING COMMISSION

I,Printed name of Property Owner/Applicant	_, hereby authorize	Authorized Representative	to represent
me and/or my organization and to make			lowing project(s):
Project Name/Number			
which is/are to be presented to the Spr	ringdale Planning Commis	sion at their meeting	to be held on:
Meeting date	•		
Printed name of property owner/applicant	Signature of property owner	/applicant	Date
Printed name of property owner/applicant	Signature of property owner		Date