

Code Compliance Division City Hall – 401 Clematis St – 1st Floor P.O. Box 3366, WPB, FL 33402-3366 Telephone: 561/822-1465 Fax: 561/822-1486

Police Department

LIEN REDUCTION DESIGNATION OF AGENT AFFIDAVIT

Property Address:

Parcel Control #

Any person appearing on your behalf, in your absence, must be designated as your agent on this form or such person will not be entitled to speak at the hearing. If no one authorized appears on behalf of this request the hearing will be cancelled and will not be rescheduled for a period of 180 days unless the Special Magistrate determines that failure to appear was the direct result of circumstances beyond the Applicant/Agent's control.

will attend the Special Magistrate Hearing for a Lien Reduction Request, and has my permission to act as my agent before the Special Magistrate in all matters relating to abovereferenced hearing regarding a parcel of real property that has a City of West Palm Beach lien attached.

Applicant's Name (printed)	·
Applicant's Signature:	
Applicant's mailing Address	
Applicant's Phone Number:	
Designated Agent's Name	

(SIGNATURE ON FOLLOWING PAGE)

If Individual:

By: _____

Print Name: _____

State of _____ County of _____

On this _____day of _____, 20___, the foregoing Designation of Agent Form was acknowledged before me, by means of \Box physical presence or \Box online notarization, b ______, an individual.

Notary Public, State of Florida

My Commission Expires:

If Corporation:

By: _____

Print Name: _____

Title: _____

State of _____ County of _____

On this _____day of _____, 20____, the foregoing Designation of Agent Form was acknowledged before me, by means of \Box physical presence or \Box online notarization, **b** ______, an individual.

Personally Known OR
Produced Identification – Type of Identification Produced ______

Notary Public, State of Florida

My Commission Expires:

*THIS FORM MUST BE BROUGHT TO THE HEARING