

# Architectural Control Committee

Post Office Box 65060  
Port Ludlow, WA 98365

## OWNER'S AGENT AUTHORIZATION FORM

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Description: Port Ludlow No.: \_\_\_\_\_ Area No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

IT IS MY DESIRE TO DELEGATE ALL DECISION MAKING TO DO WITH  
BUILDING THIS PROPERTY TO MY AGENT.

Agent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature (owner) \_\_\_\_\_ Date \_\_\_\_\_