



TOWN OF OXFORD

Building Department

325 Main Street, Oxford, MA 01540
Phone (508) 987-6045 ext. 4
Fax (508) 987-3934
building@oxford.ma.us

PROPERTY OWNER AUTHORIZATION FORM

Name of Project: _____

Property Address: _____

Parcel Map Identification: _____

Municipality: **Town of Oxford**

Property Owner's Name: _____

Company Name (if applicable): _____

Applicant's Name: _____

Applicant's Company Name (if applicable): _____

I, _____, authorize _____

(Print Name of Owner)

(Print Name of Applicant)

to act on my behalf as the authorized agent for the Building Permit Application for the above referenced property.

Signed _____ Date _____

(Signature of Property Owner)