



City of Indian Harbour Beach VACATION RENTAL REGISTRATION

Rev: 1 | Revision Date: 08/09/2018
Ordinance #: 2018-05

Agent Authorization

Certificate of Compliance #: _____

PROPERTY OWNER INFORMATION			
Name:			
Mailing Address:			
Primary Phone:		Secondary Phone:	
Email:			

AGENT INFORMATION			
Name:			
Mailing Address:			
Primary Phone:		Secondary Phone:	
Email:			

The undersigned, an owner or officer for the Vacation Rental Owner of the property located in Indian Harbour Beach, Florida at _____ hereby authorizes the above named agent to perform the duties and functions of a Vacation Rental Owner on behalf of the above named Property Owner.

Property Owner/Agent Name (Please Print): _____

Signature: _____ Date: _____

STATE OF _____, COUNTY OF _____

Before me, this _____ day of _____, 20____, _____, the foregoing authority, personally appeared, who after being duly sworn, states he/she personally knows the facts stated herein.

Personally known: OR

Produced Identification: Type of Identification Produced: _____

(SEAL)

Signature of Notary Public