Town of Churchbridge

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Administrator: Carla Kaeding

TOWN OF CHURCHBRIDGE
Assignment of Agent

I_____ authorize _____as my agent to act on my behalf in the manner of:

_____Complaint _____ Issue _____ Release of personal information

Details are:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that my agent _____will receive all future information, personal or otherwise, in relation to above noted request.

_____ _____
Signature Witness (Can Not Be Agent or Relative)f

_____
Date

TO REVOKE THE ABOVE MENTIONED AGENT, You must complete and sign this at the Town Office.

I_____ wish to revoke _____

as my agent in the above mentioned request.

_____ _____
Signature Date

_____
Witnessed by Town of Churchbridge Staff