



County of Ventura Planning Division

800 South Victoria Avenue, Ventura, CA 93009-1740 (805) 654-2488. www.vcrma.org/divisions/planning

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

I hereby authorize the person identified below to act as my agent to apply for, sign, and file the documents necessary to obtain all film permits required for my property described below. My agent should receive copies of all notices and communications related to my film permits unless I have otherwise notified the County. I understand that it is my responsibility to inform the County of Ventura Planning Division Film Permit Coordinator if I choose to revoke this authorization.

Address(es): _____

Assessor Parcel No(s): _____

Name of Authorized Agent: _____
(Please Print)

Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

E-Mail Address of Authorized Agent: _____

PROPERTY OWNER ACKNOWLEDGEMENT

I declare under penalty of perjury that I am the property owner for the address listed above and I personally completed the above information and certify its accuracy. Further, I agree that I and my agent will abide by all ordinances of the County of Ventura and that any approvals granted for this project will be carried out in accordance with the requirements of the County of Ventura.

Property Owner Name (Printed): _____

Property Owner Signature: _____ Date: _____

Property Owner E-Mail Address: _____

Property Owner Phone Number: _____

Note: A copy of the property owner's driver's license, notarization, or other verification acceptable to the Planning Division must be submitted with this form in order to verify the property owner's signature. The property owner must be shown as the current owner on County of Ventura Assessor records.

STAFF USE ONLY

Verification of Property Owner: Driver's License Notarized Letter Other

Planning Staff Signature: _____ Date: _____