

North Lake Tahoe Fire Protection District
Authorization for Representation by Agent
Defensible Space and Tree Removal Permitting

Owner _____
Mailing Address _____ City _____ State _____
Zip _____ Phone _____ Fax _____
Email _____

Authorized Agent _____
Mailing Address _____ City _____ State _____
Zip _____ Phone _____ Fax _____
Email _____

Project Location / Assessor's Parcel Number (APN) _____
Street Address _____ City _____ State NV

I/We own the subject property and authorize _____
to act as my/our authorized agent in connection with the evaluation of defensible space, tree removal
permitting, and any applicable promotions for the subject property and agree to be bound by said
representative. I understand that additional information may be required beyond that submitted by my
representative to review this project. Any cancellation of this authorization shall not be effective until
receipt of written notification of same. I, as the permittee, accept responsibility for all conditions of the
permit and/or promotion.

Owner(s) Signature(s)*:

_____ Date: _____
_____ Date: _____

*If the property is owned by an association or corporation, signature of board president or chairman is acceptable.