

EAST ALTON

ILLINOIS

**AGENT DESIGNATION FORM**  
**Authorization for Residential Occupancy Permit**  
**Applications and Emergency Contact**

Building & Zoning Department  
232 Church Street  
East Alton, IL 62024  
(618) 259-1185  
(618) 259-2095 (FAX)

**Please PRINT legibly or TYPE**

**Property Owner (REQUIRED)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**CONTACT AUTHORIZATION:**  Contact Only me (owner)  Contact me 1st, Then Property Agent  Always contact my Property Agent

**Authorized Agent(s) for all properties listed on this document** (Additional on back)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**List ALL residential properties in the Village of East Alton below.**

ADDRESS	# UNITS	ADDRESS	# UNITS

I, the undersigned, hereby designate the above authorized agent(s) to act in my behalf in regards to the properties listed on this *Agent Designation Form* for the purposes of applying for and obtaining Occupancy Permits, as a contact for Code Enforcement issues on any property listed and for emergency contact on behalf of East Alton Police and/or Fire Departments. Any notice served to an *Authorized Agent* will serve the same purpose as serving me personally. I agree to conform to all ordinances of the Village of East Alton, and will immediately update this *Agent Designation Form* upon the change in status of any listed agent or property.

\_\_\_\_\_  
SIGNATURE OF OWNER/PRINCIPAL

\_\_\_\_\_  
DATE