



Brewster Planning Department

2198 Main Street
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(508) 896-3701 x1133
brewplan@brewster-ma.gov

AGENT AFFIDAVIT

Name of Owner: _____ Phone: _____

Address (mailing): _____

Address of Property: _____

Map _____ Lot _____

I testify that I have granted the authority to: _____ to act as agent for me and the property for which I/We own(s).

Agent Name: _____ Phone: _____

Company Name: _____

Address: _____

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature of Owner _____

Date: _____