

PROPERTY OWNER CONSENT FORM*

Buncombe County Environmental Health
30 Valley Street
Asheville, NC 28801
Ph: (828)250-5016, Fax: (828)250-6161

I, _____ am the owner of the property located at
(Owner name, print)

_____, with a Parcel Identification Number of
(Address)

_____. I hereby give _____
(PIN) (Agent, print)

the legal authority to represent me for services offered by Buncombe County Environmental Health Services. I also understand I may be contacted at _____
(Phone number)

by the Buncombe County Environmental Health Services prior to a scheduled appointment with my agent.

Owner Signature

Date

*Examples of acceptable documentation may include, but are not necessarily limited to, the following: a power of attorney, court ordered guardianship, executor of an estate, bankruptcy trustee, or a real estate contract