## City of Stamford , CT PROPERTY OWNER AUTHORIZATION for Outdoor Dining Permit

I / We,	, (please print
list all property owners), owners of the below refe	erenced property,
hereby authorize	, (print name o
representative for	
(Restaurant Owner's Name, Restaurant Name) to make an	application for a
Outdoor Dining Permit for the following proper	ty:
Restaurant Street Address:	
in Stamford CT, (ZIP Code)	
Property Owner's or Owners'	
Signature(s)	
Date:	
Address:	
Phone: ()	
F-Mail:	