



**Owner's Authorization  
for Short Term Vacation Rental**

FLAGLER COUNTY, FLORIDA  
1769 E. Moody Boulevard, Building #2  
Bunnell, FL 32110  
Telephone: (386) 313-4009 Fax: (386) 313-4109

Application/Project # \_\_\_\_\_

Street Address of Subject Property: \_\_\_\_\_  
(ADDRESS OF SUBJECT PROPERTY)

\_\_\_\_\_, is hereby authorized TO ACT ON BEHALF  
OF \_\_\_\_\_, the owner(s) of those lands described  
within the attached application and as described in the attached deed or other such  
proof of ownership as may be required in applying to Flagler County, Florida for a Short  
Term Vacation Rental Certificate for the dwelling on the described lands.

By: \_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner / Title (if owner is corporation or partnership)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

Address of Owner: \_\_\_\_\_ Telephone Number (incl. area code) \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_  
who is/are personally known to me or who has produced \_\_\_\_\_  
as identification, and who (did) / (did not) take an oath.

\_\_\_\_\_  
Signature of Notary Public

(Notary Stamp)