



City of Hollister
Development Services
Building Division

339 Fifth Street, Hollister, CA 95023 * Ph. (831) 636-4355 / Fax. (831)634-4913
Email: building@hollister.ca.gov

AUTHORIZATION TO ACT AS AGENT

DATE: _____

To Whom It May Concern:

I am the owner of the property at _____
_____(Street

address)The following work will be performed at that address:

_____(Description of project)

I authorize _____(name) to act as my agent to obtain necessary permits for the work described above.

Furthermore, I agree to defend, indemnify, and hold the City of Hollister, its elected officials, officers, directors, employees, agents, and volunteers harmless from and against any and all loss, liability, or damages, including reasonable attorneys' fees and/or court costs, arising out of the performance of this contract, except for the sole negligence of the City of Hollister, its elected officials, officers, directors, employees, agents, and volunteers.

(Property owner signature)

(Property owner printed name)