



**AGENT AUTHORIZATION FORM**

I hereby authorize the below to receive all correspondence, sign all contracts, leases, etc. required by the Shelby Metropolitan Housing Authority.

Property Owner:

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Telephone Number:

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Fax Number:

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Email Address:

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Who receives the payment: \_\_\_\_\_OWNER \_\_\_\_\_AGENT

Agent Name:

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Address:

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Telephone Number:

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Fax Number:

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Email Address:

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Agent on behalf of the following property address(es):

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Date \_\_\_\_\_

Signature of Property Owner

Shelby Metropolitan Housing Authority  
706 N. Wagner Avenue  
Sidney, OH 45365  
Tele. No. (937) 498-9898, Fax (937) 498-4946  
[j\\_wells@embarqmail.com](mailto:j_wells@embarqmail.com)

*An Equal Housing Opportunity Agency*