

Authorized Agent(s) for Short Term Rental Licensing

I,	being the legal owner of	,	
TCAD Owner	vner STR Address		
do hereby authorize the following to	act as my Agent(s) in submitting sho	rt term rental applications on	
my behalf, within the corporate limit	s of the City of Austin. I understand	that I am responsible for any	
applications/documents as submitted	by my Agent(s). I further acknowledg	e that this authorization form	
is to remain in my short-term license f			
below may act as the primary contact			
understand that it is my responsibility			
agent status. Persons named below ar	• •	application data and to obtain	
any documents and information relation	ed to my short-term rental license:		
Name of Authorized Agent	E-Mail Address	Phone	
Name of Authorized Agent	E-Mail Address	Phone	
Name of Authorized Agent	E-Mail Address	Phone	
WITNESS OUR HANDS, THISowner of the property identified above this form and on accompanying documents.	e, do hereby affirm and swear, under	, I, the undersigned, oath, that all information on	
Owner Signature			
STATE OF TEXAS			
COUNTY OF			
SWORN TO AND SUBSCRIBED BEFORE	ME ON THE DAY OF	, 20	
		Stamp	
NOTABY BLIBLIC SIGNATURE			