

**SHORT-TERM PERMIT
OWNER'S REPRESENTATIVE**

Alto Lakes Special Zoning District: I/we appoint the individual or firm named below to appear, speak and act on my/our behalf with respect to matters involving the ALSZD Comprehensive Zoning and Land Use Ordinance. These matters shall include Short Term Residential Rental Permits. This appointment shall be effective unless notice is given to the ALSZD at PO Box 578 Alto NM 88312. Notice shall be sent by certified mail, return receipt requested. _____initial(s)

Owner's Representative for property owner and property address:

Owner's Representative:

Address:

Phone and Email:

Signature:

Property owner(s) hereby certify under penalty of law that all information presented in and with this application are factual. THIS FORM TO BE NOTARIZED

Signature of property owner(s):_____

Signature of property owner(s):_____

State of _____

County of _____

This instrument was acknowledged before me on this _____ day of _____, year _____.

(seal) _____

Notary Public